

Name  
in  
Full

William Ardinger

274

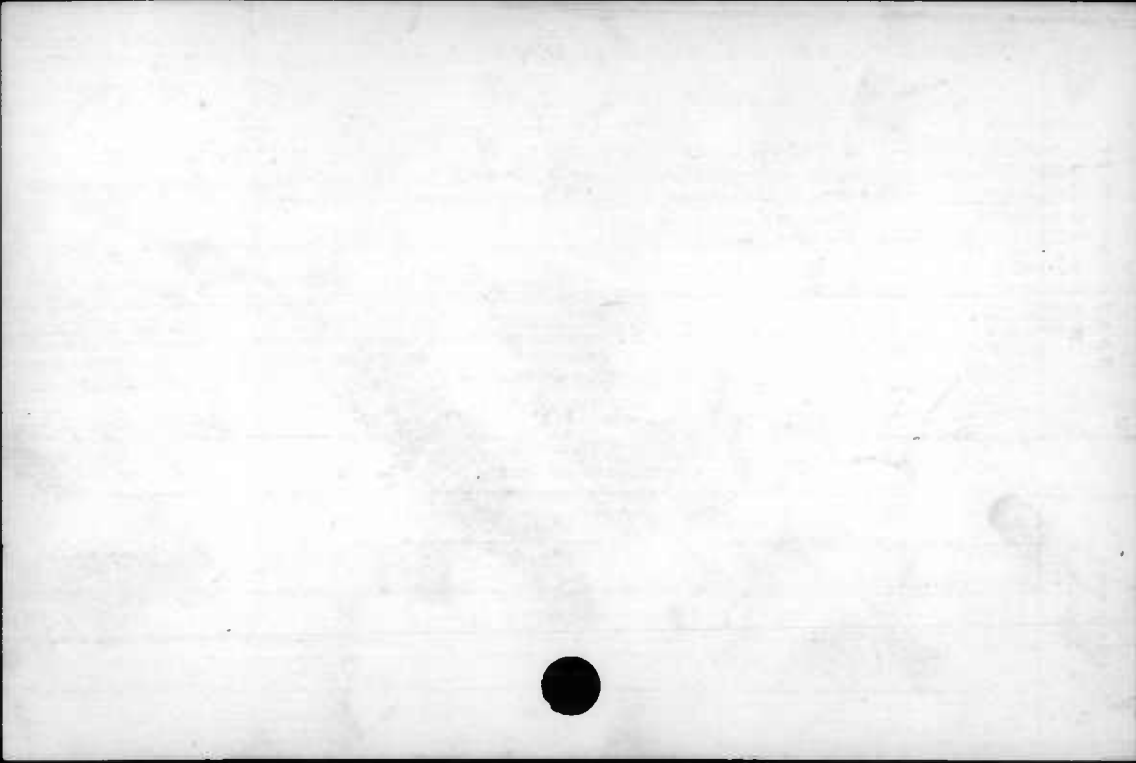
## CERTIFICATE OF DEATH

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		Month 1905 Dec	Day 13	Age 44	Years 44	Months 3	Days 1
Sex Male		Color or Race White		Birth- place Williamsport			
Occupation Laborer				Where Residing if not at place of death "			
Married, Single or Widowed Single		Name of Wife or Husband _____					
Father's Name Benjamin Ardinger		Father's Birthplace Williamsport					
Mother's Maiden Name Susan Thompson		Mother's Birthplace Hunts Ma					
Name of person giving In formation Jas Ripple		How related to deceased Brother-in-law					

## CAUSES OF DEATH

Primary	Scrofula	35	How long	Two weeks
Immediate	Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Samuel R. Lively, M.D.	
			Address Williamsport Md	
Accident or Suicide?				

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Charles E. Babylon.

## CERTIFICATE OF DEATH

Died at ~~Baltimore~~ <sup>Town</sup> ~~Baltimore~~

County

MARYLAND

Date of death 1905 12 9 Age 37 Months 2 Days

Sex male Color or Race white Birth-place Md.

Occupation R.R. Flagman Where Residing if not at place of death Hagerstown, Md.

Married, Single or Widowed married Name of Wife or Husband Mrs Nettie M. Babylon.

Father's Name John T. Babylon Father's Birthplace Md.

Mother's Maiden Name Agnes Arthur Mother's Birthplace

Name of person giving information Mrs C. E. Babylon How related to deceased wife

## CAUSES OF DEATH

Primary

Shock

How long

Immediate

Accident Run over by train

How long

Are the name, age, sex, color, date and place correctly given above?

yes

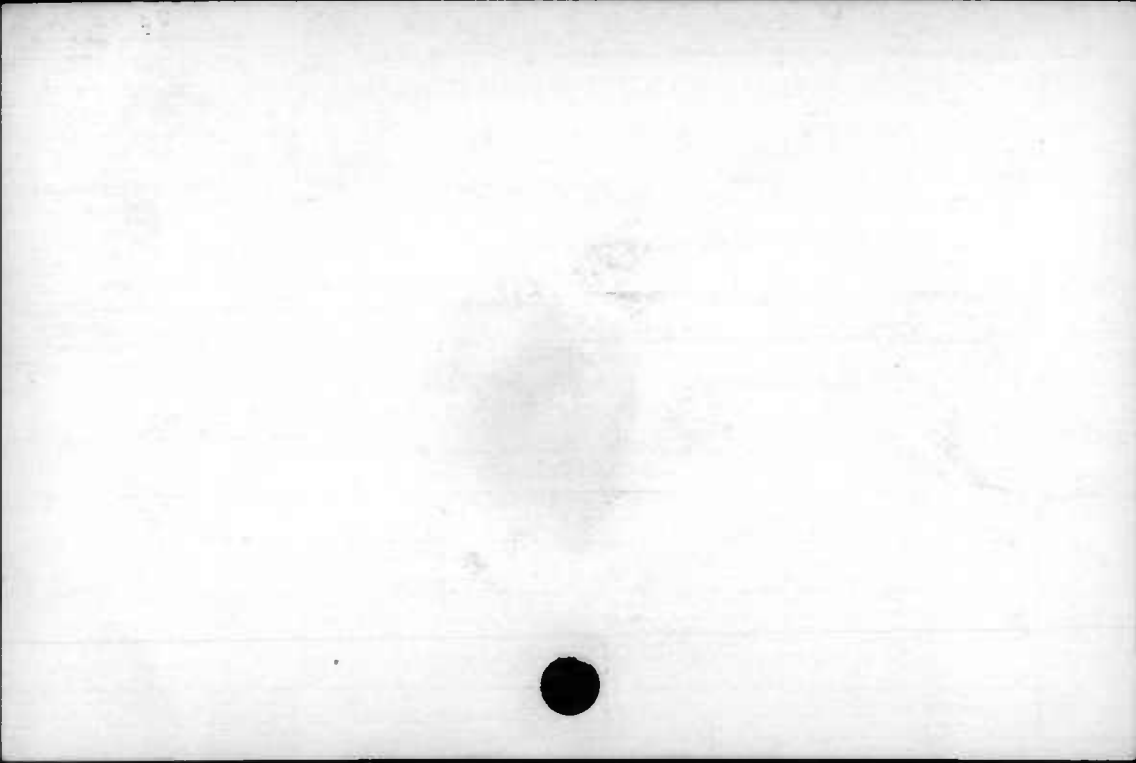
Signature of Physician

Beng' S. Hayden,  
Baltimore,  
Md.

Address

Accident on 12-9-05

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Susan Alice Bond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Horgan		County Washington		MARYLAND	
Date of death	1905	Month Dec	Day 23	Age	Years 42	Months	Days
Sex	Female		Color or Race	white		Birth- place	Maryland
Occupation	Housewife			Where Residing if not at place of death			
Married, Single <del>or Widowed</del>	Single			Name of Wife or Husband David Bond			
Father's Name	Joseph Ingram					Father's Birthplace	Maryland
Mother's Maiden Name	Katherine Ingram					Mother's Birthplace	"
Name of person giving In formation	Joseph W. Ingram					How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	About 6 mos.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	E. H. Gantt
			Address	Shenandoah, Ind.
Accident or Suicide?				

Engene Markes.

Undertakes

Name  
in  
Full

Albert, H. H. Boward

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i> <sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death	Month <i>12</i> Day <i>18</i> Year <i>1903</i>	Months <i>6</i> Days <i>26</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Wm H. Boward</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Edith Garlock</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Tuberculosis*  
*of lungs*

How long

Immediate

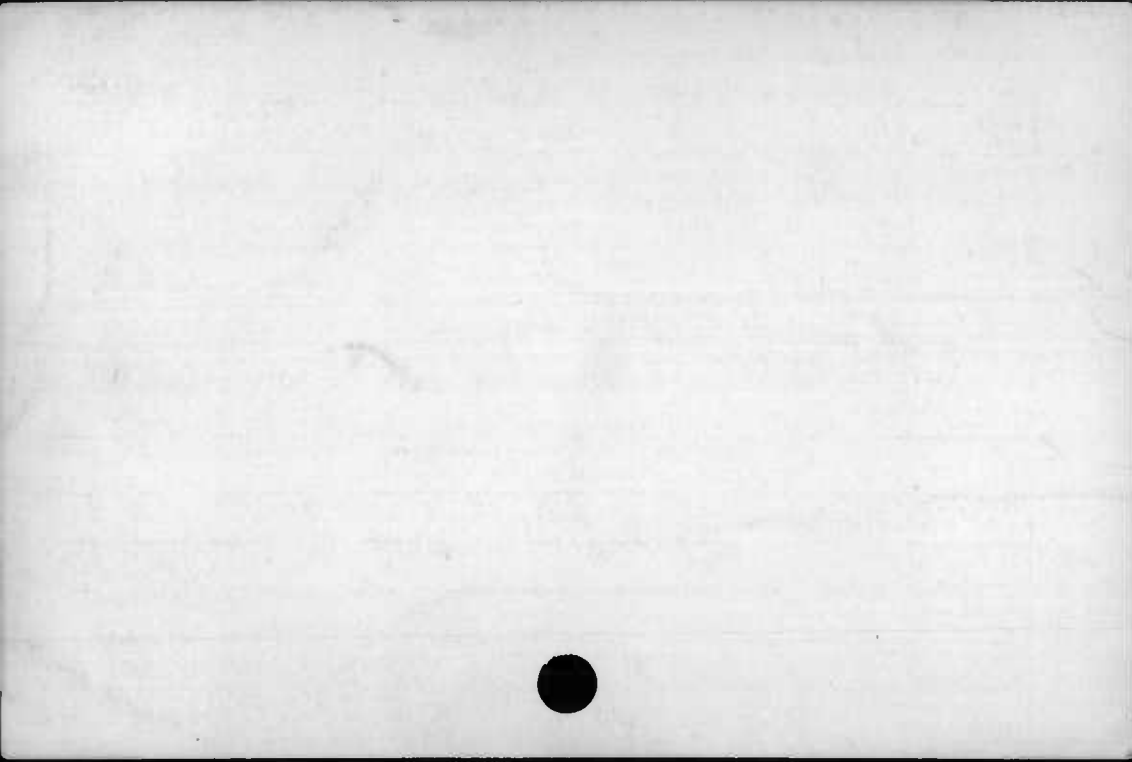
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

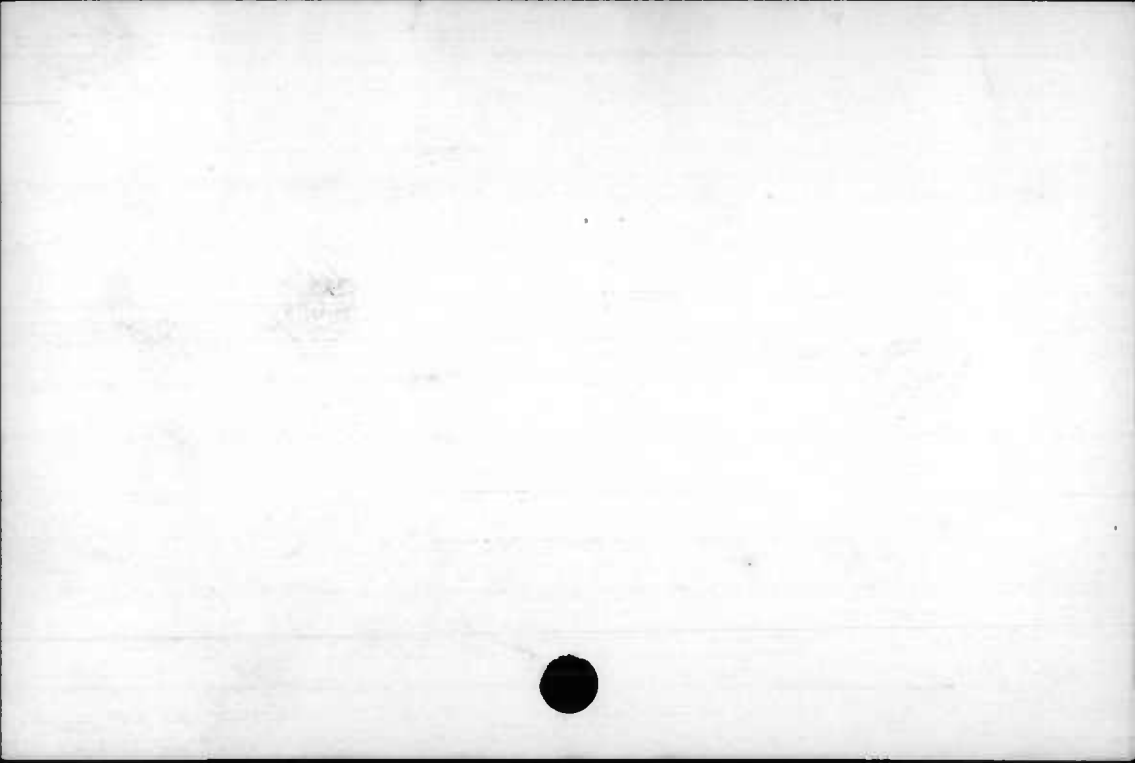
Address

Accident or Suicide?





Name in Full		Mrs Barbara Boward				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Chambersburg Franklin		County Perry		
		Date of death		Month Dec	Day 30	Years 1905	Months 6	Days 1
		Sex		Female		Color or Race		White
		Occupation		H. W.		Birth-place		Md.
						Where Residing if not at place of death		Nagersdown Md.
		Married, Single or Widowed		married		Name of Wife or Husband		Wm Boward
		Father's Name		John Steinbaugh		Father's Birthplace		Md.
Mother's Maiden Name		Not known		Mother's Birthplace				
Name of person giving information		John Steinbaugh		How related to deceased		brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Brights Disease		How long		
		Immediate				How long		
		Are the name, age, sex, color, etc. and place correctly given above?		yes		Signature of Physician		
						Address		
Accident or Suicide?				P.B. Montgomery, Chambersburg, Pa.				



Name in Full

Certificate of Death

Georgiana Edj Jane Byers

Town

County

Died at Middleburg Pa

Franklin Co

Pa  
MARYLAND

Date 1905 December 26

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905 December 26

Age

1

12

Pa

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

Father's John Byers

Name

Mother's  
Name

Cause of

Primary

Meningitis

Death

Immediate

Meningitis

How long sick

Five days

~~Accident, Suicide, Homicide~~

Reported by

Address

Hagerstown Md

Chas. B. Boyle, M.D.  
Hagerstown  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

New Salem. Md,

Name  
in  
Full

## CERTIFICATE OF DEATH

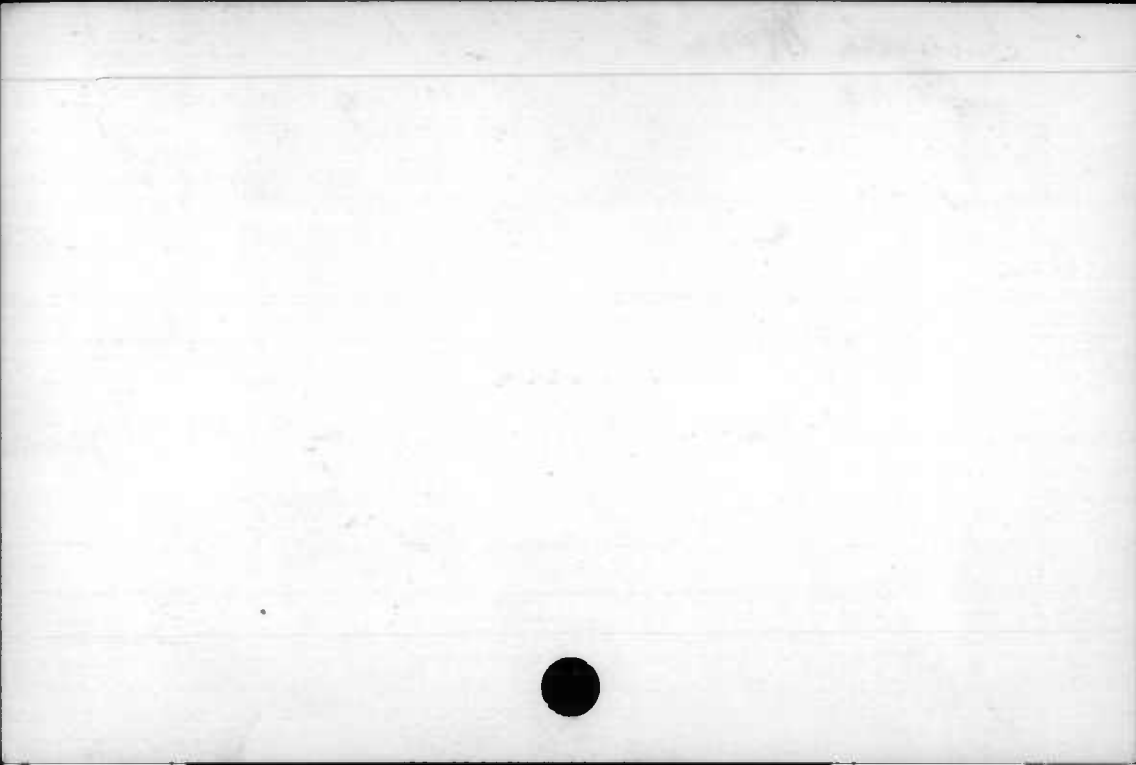
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Glenn Markwood Clipp</b>		Town <b>Trago</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Trago</b>		Date of death <b>1905</b>		Month <b>12</b>		Day <b>31</b>	
Age <b>8</b>		Years <b>6</b>		Months <b>8</b>		Days <b>6</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Trago</b>			
Occupation <b>none</b>		Where Residing if not at place of death <b>Trago</b>					
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Joseph Clipp</b>					
Father's Name <b>Joseph Clipp</b>		Father's Birthplace <b>W. Va</b>					
Mother's Maiden Name <b>Estella Laslie</b>		Mother's Birthplace <b>Trago</b>					
Name of person giving information <b>Estella Clipp</b>		How related to deceased <b>Mother</b>					

## CAUSES OF DEATH

Primary <b>Bronchitis</b>	How long <b>1 day</b>
Immediate <b>Broncho Pneumonia</b>	How long <b>3 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W. M. Nishier</b>
	Address <b>Keedysville Md</b>
Accident or Suicide? <b>No</b>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles. H. F. Lushwa

No 271

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamport</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>12</i>	Day <i>1</i>	Years <i>34</i>	Months <i>3</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Williamport Md</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Member of firm Lushwa &amp; Son</i>			
Name of Wife or Husband <i>Gertrude Lushwa</i>					
Father's Name <i>Victor Lushwa</i>			Father's Birthplace <i>Washington D</i>		
Mother's Maiden Name <i>Mary A. Kreigh</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>D. K. Lushwa</i>			How related to deceased <i>brother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute nephritis</i>	How long	<i>19</i>	<i>Two days.</i>
Immediate	<i>Heart failure</i>	How long		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Michael J. [Signature]</i>		
		Address <i>Williamport Md</i>		
Accident or Suicide?				

J. M. Miller

Rose Hill Cemetery



Name  
in  
Full

Louisa Davis

275

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Neck</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Month</small> <u>Dec</u> <small>Day</small> <u>13</u>	Age	<u>73</u> <small>Years</small> <u>6</u> <small>Months</small> <u>3</u> <small>Days</small>	<u>Church</u> <small>place</small>	
Sex	<u>Female</u>	Color or Race	<u>White</u>	<u>Near Mana</u>	
Occupation	<u>Millener</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>W D Davis</u>		
Father's Name	<u>Mr Stifler</u>		Father's Birthplace		
Mother's Maiden Name	<u>Eliza James</u>		Mother's Birthplace <u>in Neck</u>		
Name of person giving information	<u>3 Cornelious Davis</u>		How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Debility</u>	How long	<u>One year</u>
Immediate	<u>Exhaustion</u>	How long	<u>Ten days.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. M. Hurtz</u>
		Address	<u>Williamport - Md.</u>
Accident or Suicide?			

J. F. Kupers Undertaker

Interment at Bakersville -

Name  
in  
Full

George L. Leiffindall

CERTIFICATE OF DEATH

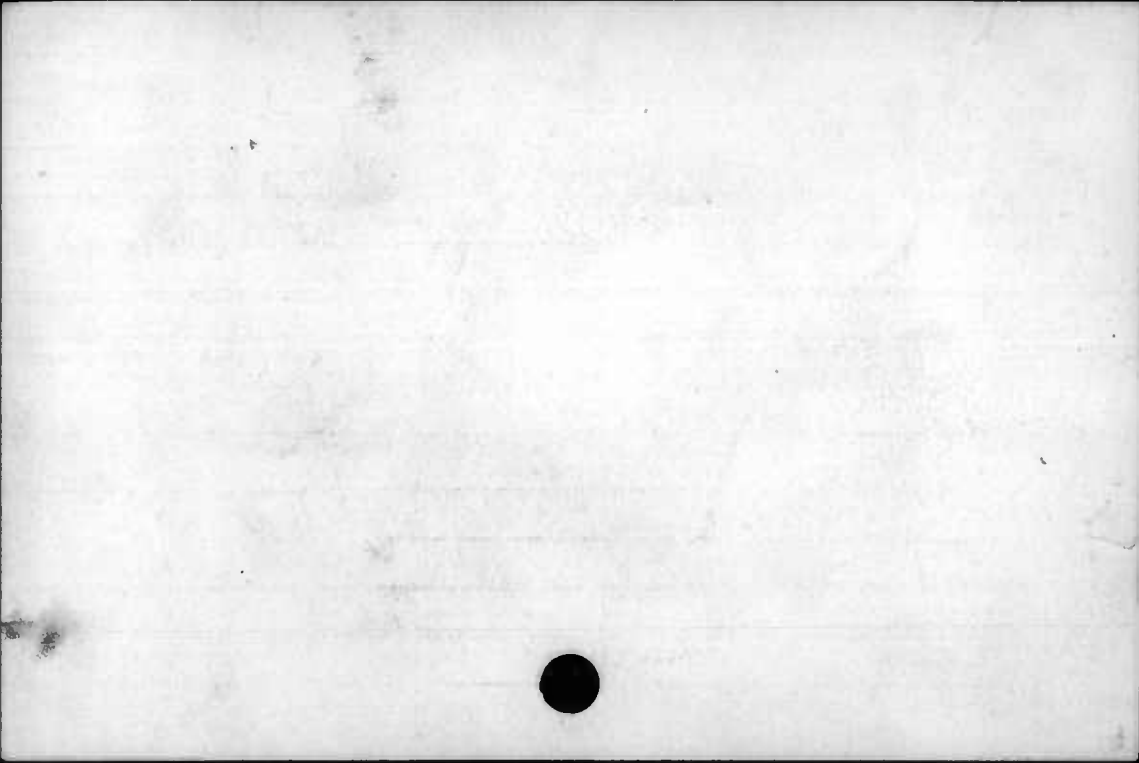
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>carvetown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1905 Dec 8</i>	Day	<i>8</i>	Age	<i>0</i>	Months	<i>2</i>
Sex	<i>Male</i>	Color or Race	<i>whit</i>	Birth-place	<i>Carvetown</i>		
Occupation				Where Residing if not at place of death <i>11</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>George L. Leiffindall</i>				Father's Birthplace	<i>Smithsburg</i>	
Mother's Maiden Name	<i>Minnie Myrtle Hoffman</i>				Mother's Birthplace	<i>Chewsville</i>	
Name of person giving information	<i>11</i>	<i>11</i>	<i>11</i>	How related to deceased	<i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Complications of Disease</i>	How long	<i>1 month</i>
Immediate	<i>General Debility</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Carbons</i>
		Address	<i>Smithsburg Maryland</i>
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

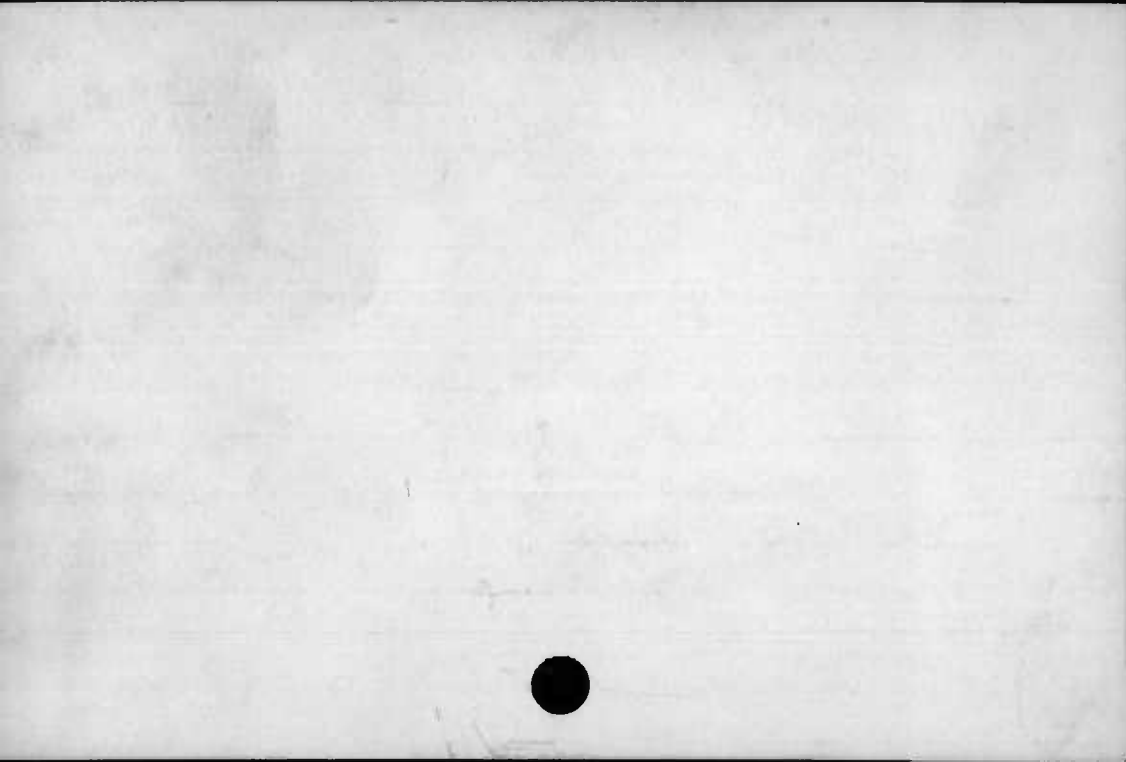
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hoyestown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1903</i>	Month	<i>12</i>	Day	<i>30</i>
				Years	<i>63</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Ind</i>
Occupation	<i>House work</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>John Wesley Diggs</i>		
Father's Name	<i>Nelson Brainerd</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Not known</i>		Mother's Birthplace		
Name of person giving information	<i>John Diggs</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Rheumatism</i>	How long	<i>Five (5) days</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. H. Den-M.D.</i>
	<i>as far as I know</i>	Address	<i>Hagerstown Ind.</i>
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*William S. Duffy*

Town *Hagerstown* County *Wash.* MARYLAND

Died at *Hagerstown*

Date of death *1905* Month *12* Day *25* Age *82* Years Months *7* Days *10*

Sex *male* Color or Race *white* Birth-place *Md.*

Occupation *Painter* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife *Eliza F. Duffy.*

Father's Name *John W. Duffy.* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Smith* Mother's Birthplace *Md.*

Name of person giving information *O. J. Duffy* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Genl debility -* How long *gradual decline*

Immediate *Genl debility -* How long *some time*

Are the name, age, sex, color, date and place correctly given above? *yes -*

Signature of Physician *[Signature]* Address *Chas. A. Boyle M.D.*

Accident or Suicide? *—*





Name  
in  
Full

Mrs Martin L. Flook

## CERTIFICATE OF DEATH

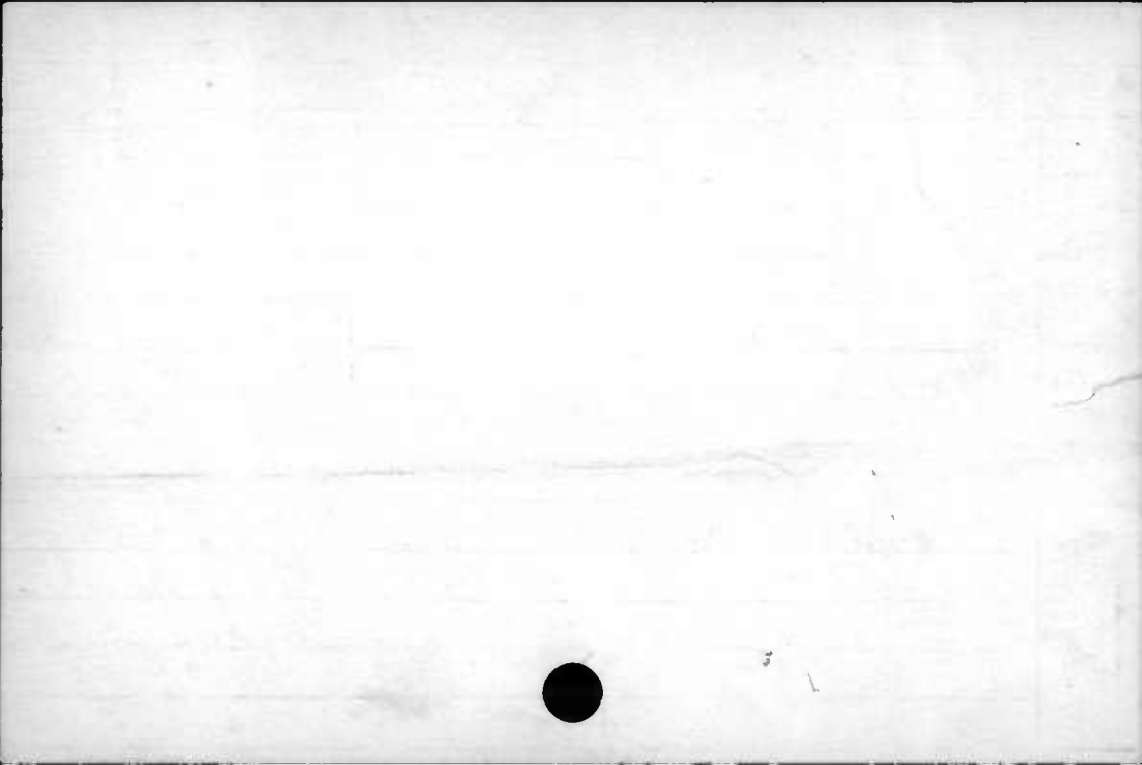
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Keedesville</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Dec.</i>	Day <i>14</i>	Age	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Mary Myersville</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer's Wife</i>				
Name of Wife or Husband <i>Martin L. Flook</i>							
Father's Name <i>Jacob Shank</i>				Father's Birthplace <i>Myersville</i>			
Mother's Maiden Name <i>Mahala Bowlus</i>				Mother's Birthplace <i>Middletown</i>			
Name of person giving information <i>Mrs Loyd Hooge</i>				How related to deceased <i>Sister</i>			

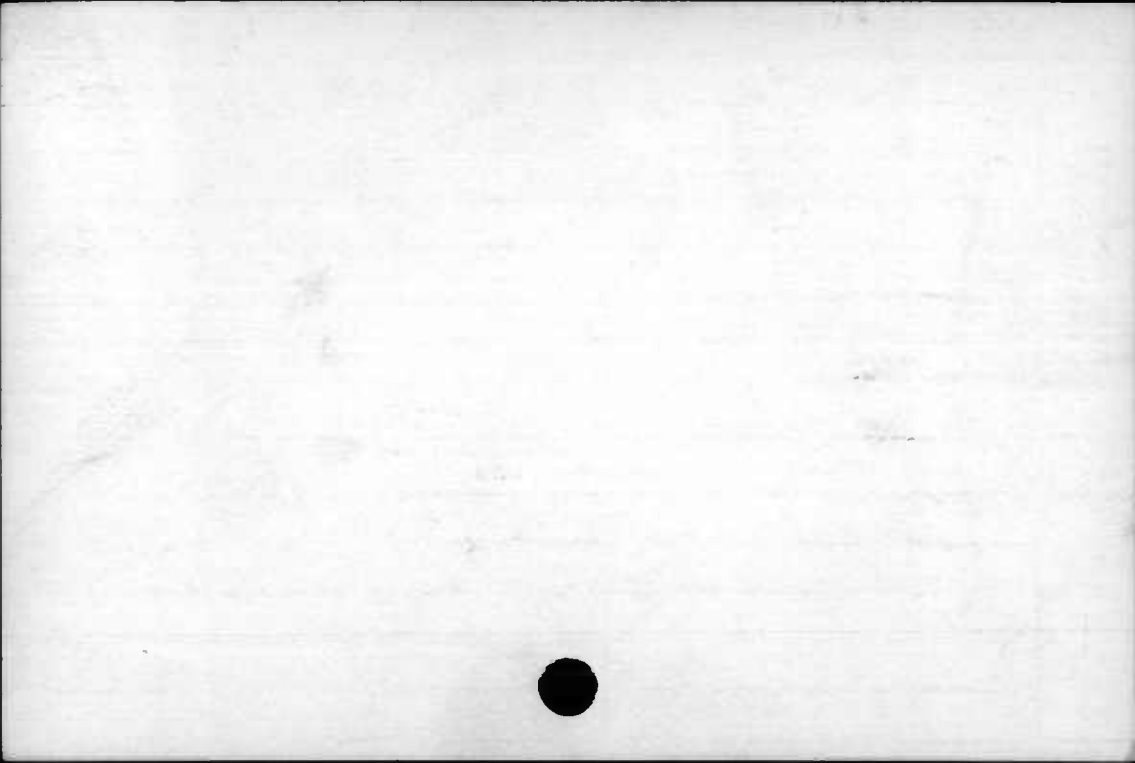
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart disease (Valvular)</i>	How long	<i>Indefinite.</i>
Immediate	<i>Anasarca. Cardiac failure</i>	How long	<i>Two weeks about</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. Hoke M.D.</i>	
<i>yes</i>		Address <i>Myersville Md.</i>	
Accident or Suicide? <i>—</i>			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		Town <i>Washington</i>		County
	Date of death <i>1909</i> - <i>12</i>		Month	Day	Years
	Sex <i>Male</i>	Color or Race <i>White</i>	Age <i>1</i>	Months <i>7</i>	Days <i>7</i>
	Occupation <i>Child</i>	Birth-place <i>Ind</i>			
	Where Residing if not at place of death				
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>Elmer Brasier</i>	Father's Birthplace <i>Pa</i>			
	Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Elvira Brasier</i>		How related to deceased <i>Sister</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Influenza</i>	How long <i>Five days</i>			
	Immediate <i>Convulsions</i>	How long <i>1/2 hour</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. David H. Perkins</i>			
		Address <i>Hagerstown Md.</i>			
	Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

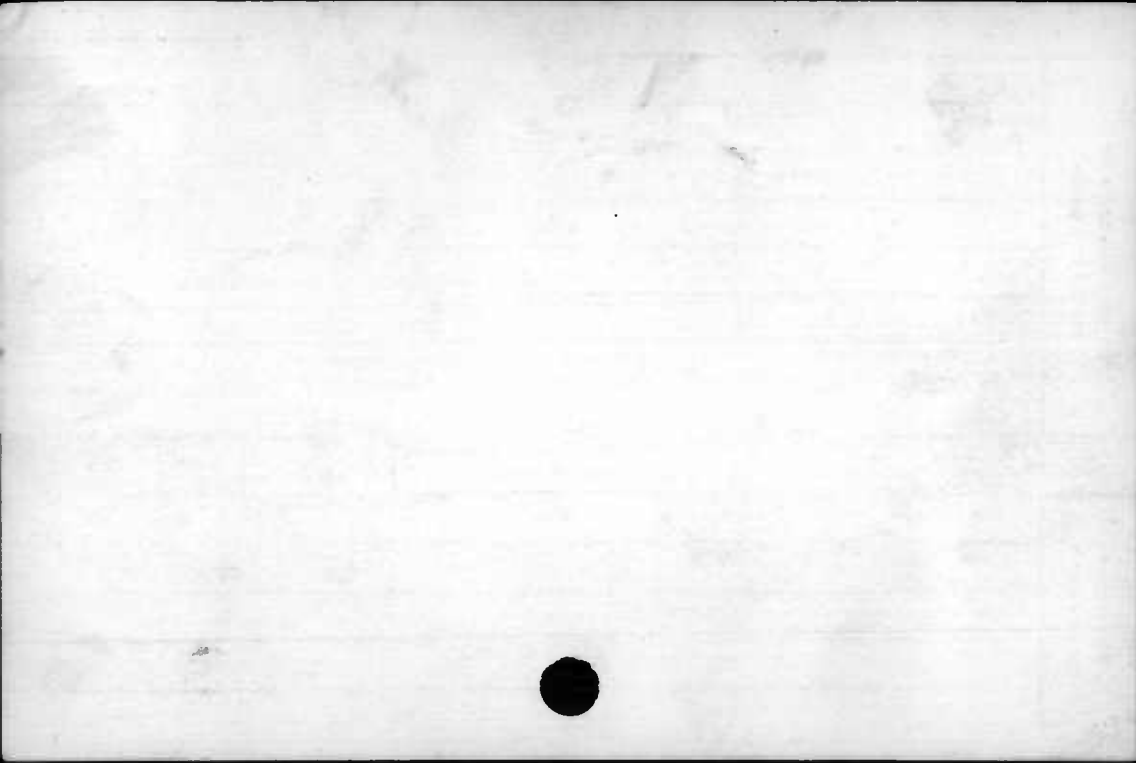
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Ellen Fraser</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>8</i>		Years <i>43</i>	
Date of death <i>1905</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Albert Fraser</i>					
Father's Name <i>Joseph Taylor</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Jane Knorr</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Catie McFadden</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Throat Trouble</i>	How long	<i>(101)</i>
Immediate	<i>Gunney</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. H. Coffman</i>	
		Address <i>Hagerstown Md</i>	
		<i>Widestok</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Camachoques</i>		Town <i>Washington</i>		County	
Date of death	1905	Month	12	Day	31
Age		72		Years	
Sex		Female		Color or Race	White
Birth-place		Chesapeake Md.			
Occupation		Life Farmer			
Where Residing if not at place of death		Camachoques			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Richard Furley, Jr.	
Father's Name	Isaac Furley		Father's Birthplace	Camachoques	
Mother's Maiden Name	Elizabeth		Mother's Birthplace	Smiths	
Name of person giving information	Richard Furley		How related to deceased	1	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

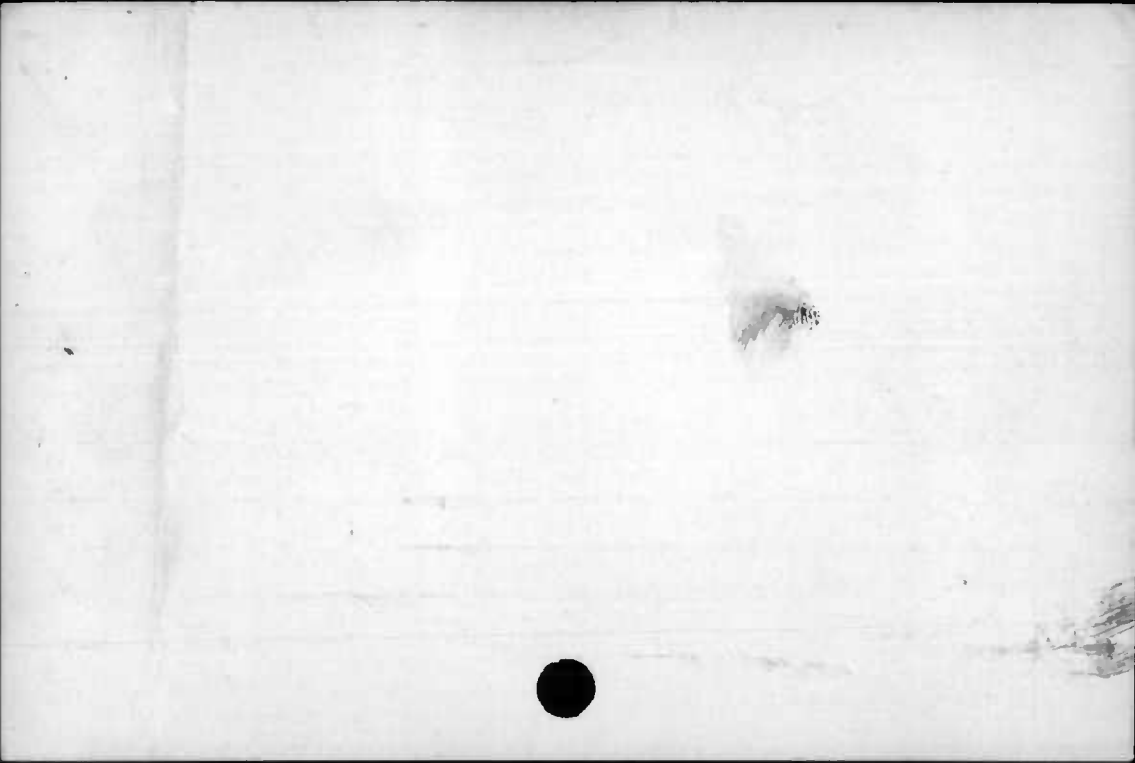
Primary	Burning	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Thos Doose
		Address	Keagustown
Accident or Suicide?			

PHYSICIAN  
OR SURGEON

W. Theodore B. Bolt  
Lieut. 41-  
Hagerstown Md



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Indianspring</i> <small>Town</small>		<i>Trach</i> <small>County</small>	
		Date of death <i>1905 Dec 9</i>		<i>11</i> <small>Months</small> <i>29</i> <small>Days</small>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Indianspring</i>	
		Married, <del>Single</del> <i>or Widowed</i>		Name of Wife or Husband <i>Elizabeth Fosseyth</i>	
		Father's Name <i>William M. Gehr</i>		Father's Birthplace <i>Ind</i>	
		Mother's Maiden Name <i>Sophia Wiggell</i>		Mother's Birthplace <i>Ind</i>	
		Name of person giving information <i>John Gehr</i>		How related to deceased <i>Brother</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Angina Pectoris</i>		How long	<i>3 weeks</i>
	Immediate	<i>Syncope</i>		How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>E. J. Mason, M.D.</i>		
			Address <i>Clearspring Md</i>		
Accident or Suicide? <i>—</i>					



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jane Rebecca Greene*

Town *Chespring* County *Washington* MARYLAND

Died at *Chespring*

Date of death *1905* Month *Dec* Day *15* Age *—* Years *—* Months *—* Days *17*

Sex *Female* Color or Race *Colored* Birth-place *Chespring*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *William Luther Greene* Father's Birthplace *Chespring*

Mother's Maiden Name *Martha Lee Miles* Mother's Birthplace *Chespring*

Name of person giving information *William L. Greene* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Unknown* How long *179*

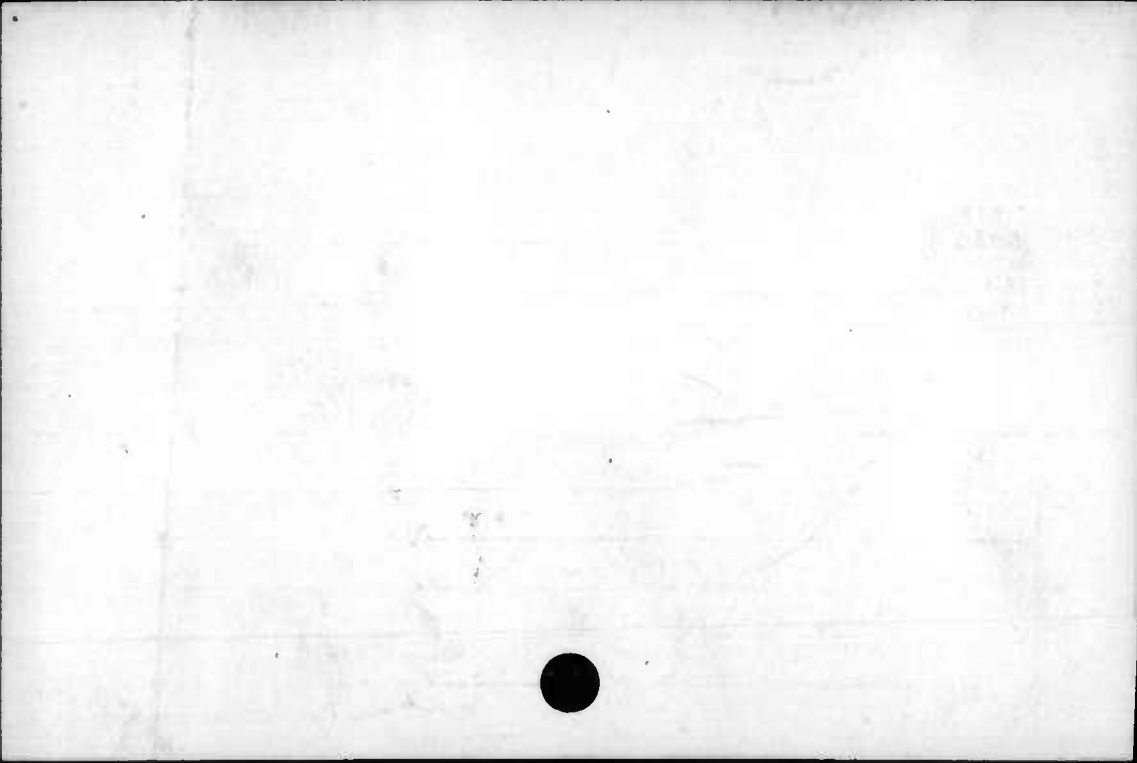
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. P. Perry*

Address *Chespring, Md.*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Caleb Greene*

Died at *Clearspring* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death *1906* <sup>Month</sup> *Dec.* <sup>Day</sup> *2* Age <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *4*

Sex *Male* Color or Race *Colored* Birth-place *Clearspring*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*


Father's Name *William Luther Greene* Father's Birthplace *Clearspring Md*

Mother's Maiden Name *Martina L. Miles* Mother's Birthplace *Clearspring Md*

Name of person giving information *William L. Greene* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Unknown*  How long *—*

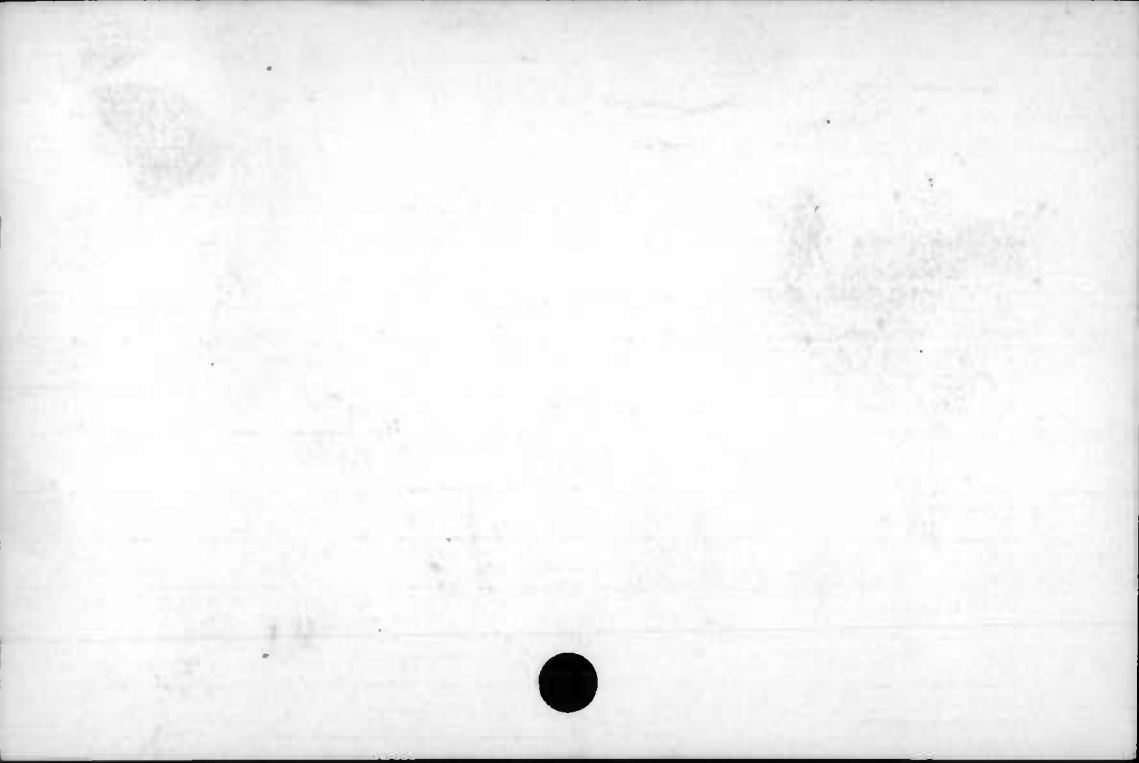
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. P. Perry*

Address *Clearspring Md.*

Accident or Suicide? *—*



Name  
in  
Full

Rachel Alice Grimes

CERTIFICATE OF DEATH

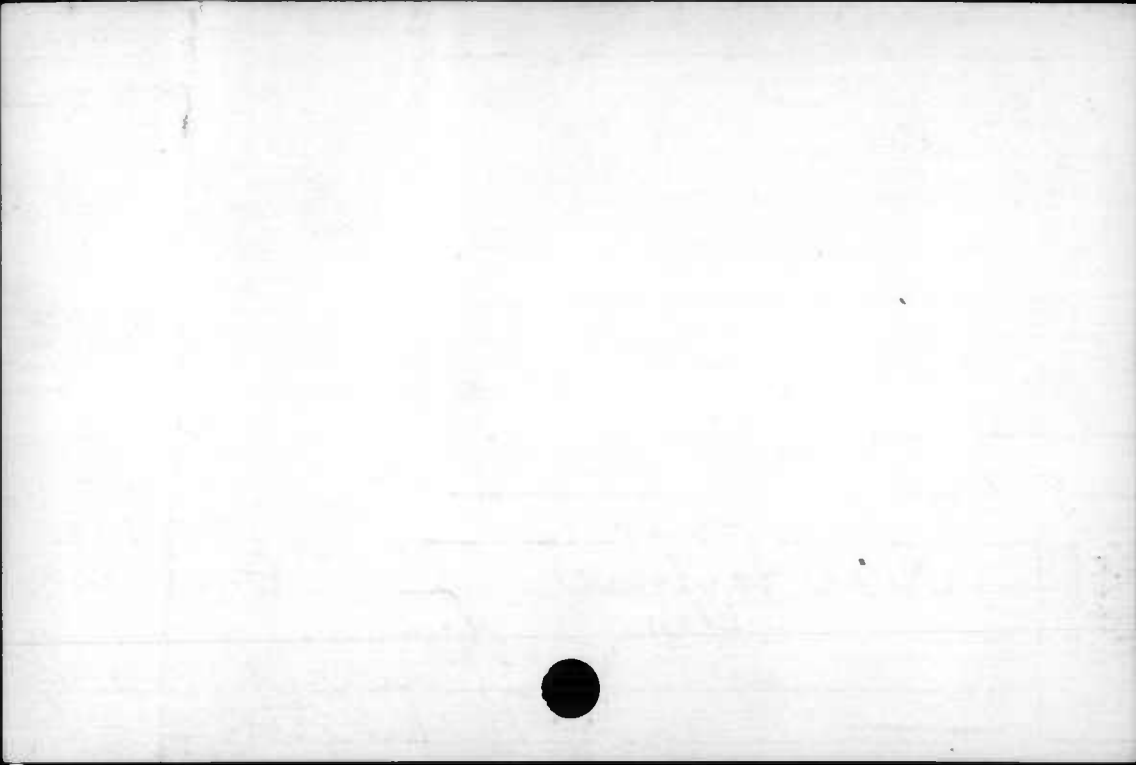
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Hort		Frederick		Washington		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905-December		20	Age	45			
Sex	Female	Color or Race	White	Birth-place	Shanks Farm		
Occupation	Farmers wife			Where Residing if not at place of death	Hort Frederick		
Married, Single or Widowed	Married	Name of Wife or Husband	Amos Grimes				
Father's Name	Samuel Lockbaum				Father's Birthplace	Chambersburg Pa.	
Mother's Maiden Name	Sarah Davis				Mother's Birthplace	Indian Spring	
Name of person giving information	Lancelot Shank				How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	Ten days
Immediate	Heart failure	How long	One day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Abraham Shank
		Address	Clearspring Washington Co.
Accident or Suicide?			





Name in Full

Certificate of Death

*Joseph Thomas Hagan*

Town

County

Died at

*near Sandy Hook Washington*

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

*1905 12 27*

Age

*MD*

*Rail road man*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

~~Husband~~  
of  
~~Wife~~

Father's  
Name

*Thomas Hagan*

Mother's  
Name

*Susan Hagan*

Cause of

Primary

How long sick

Death

Immediate

*Accident - a fall on head*

Accident, Suicide, Homicide

Reported by

*Dr B B Ranson*

Address

*Harpers Ferry West Va*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Name is Full		Lester Haines				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Neargan</u> Town		<u>Washington</u> County		MARYLAND	
		Date of death <u>1905</u> Month <u>March</u> Day <u>17</u>		Age <u>17</u> Years		Months <u>—</u>	Days <u>—</u>
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Neargan</u>	
		Occupation <u>~~~~~</u>		Where Residing if not at place of death <u>"</u>			
		<del>M</del> Married, Single		Name of Wife or Husband <u>~~~~~</u>			
PHYSICIAN OR CORONER		Father's Name <u>Sylvester C. Haines</u>				Father's Birthplace <u>Maryland</u>	
		Mother's Maiden Name <u>Belle O Myers</u>				Mother's Birthplace <u>"</u>	
		Name of person giving information <u>Jerome Lewis</u>				How related to deceased <u>Neighbor</u>	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Heart trouble to best of my knowledge</u>				How long <u>short time</u>	
		Immediate <u>" "</u>				How long <u>—</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>H. S. Sanderlin</u>	
						Address <u>Washington Md</u>	
		Accident or Suicide? <u>—</u>					

Eugene Maskens  
Undertaker.

Name  
in  
Full

Daniel Hess

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> <i>Fingerstown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death <i>1904</i>		<sup>Month</sup> <i>12</i>	<sup>Day</sup> <i>26</i>	<sup>Years</sup> <i>80</i>	<sup>Months</sup> <i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Alice Hess</i>			
Father's Name <i>John Hess</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Rever</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John G Hess</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

Primary *Indigestion* How long *15 yrs.*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. R. Schuler*

Address

Accident or Suicide? *No.*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Taney (over)

Name  
in  
Full

Miss Eliza J Holmes

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

July

Wash

Date

Month

Day

Years

Months

Days

of death 1905

12

23

Age

61

Sex

Female

Color or  
Race

white

Birth-  
place

W. Va

Occupation

housewife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife  
Husband

Henry Clay Holmes

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Uremia

How long

2 yrs.

Immediate

cramp colic

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

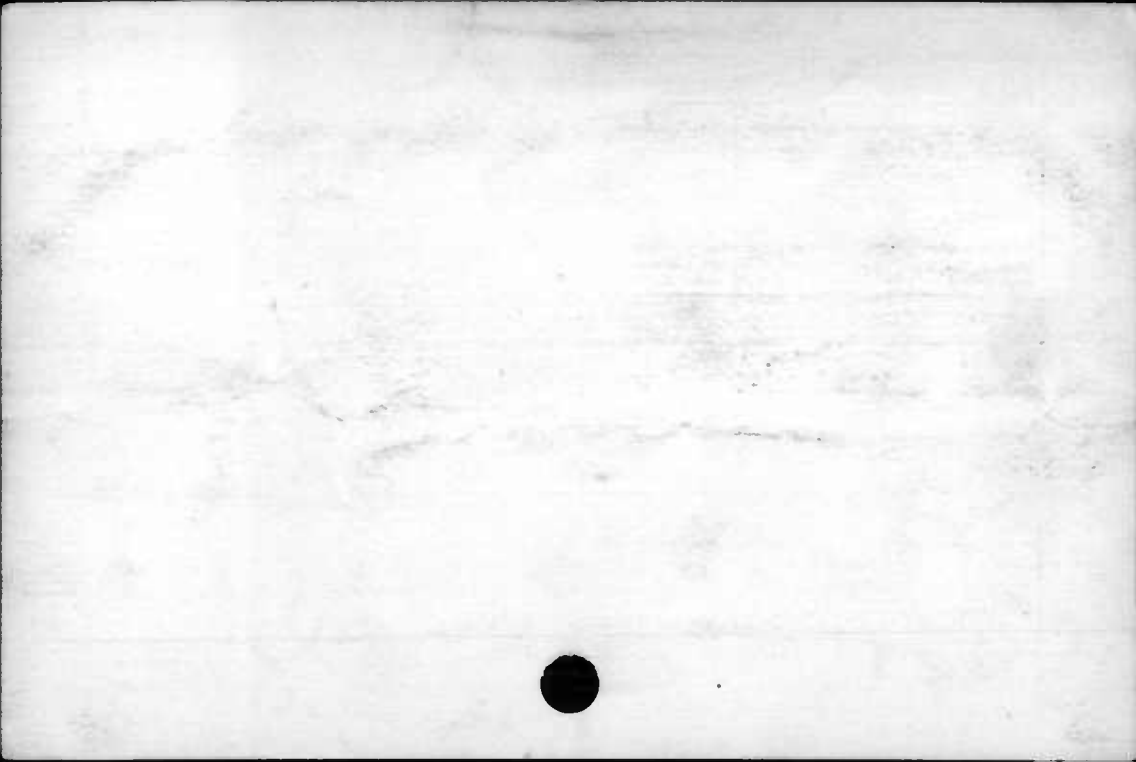
C. D. Baker

Address

Rohersville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hagerstown</i>		County <i>Washington</i>	
		Date of death <i>1905</i>		Age <i>27</i>	
		Month <i>12</i>		Days <i>21</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>School Teacher</i>		Where Residing if not at place of death	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband	
		Father's Name <i>Jacob Houser</i>		Father's Birthplace <i>Md</i>	
		Mother's Maiden Name <i>Charlotte Fox</i>		Mother's Birthplace <i>Md</i>	
Name of person giving information <i>Jacob Houser</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Fracture of Skull + Disint-</i>		How long <i>—</i>	
		Immediate <i>Fracture of Brain</i>		How long <i>—</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. M. Longman</i>	
		Address <i>Hagerstown, Md</i>			
Accident or Suicide? <i>Accident</i>					

*Caution*

Name  
in  
Full

Madanosielle Marianne Jacot

## CERTIFICATE OF DEATH

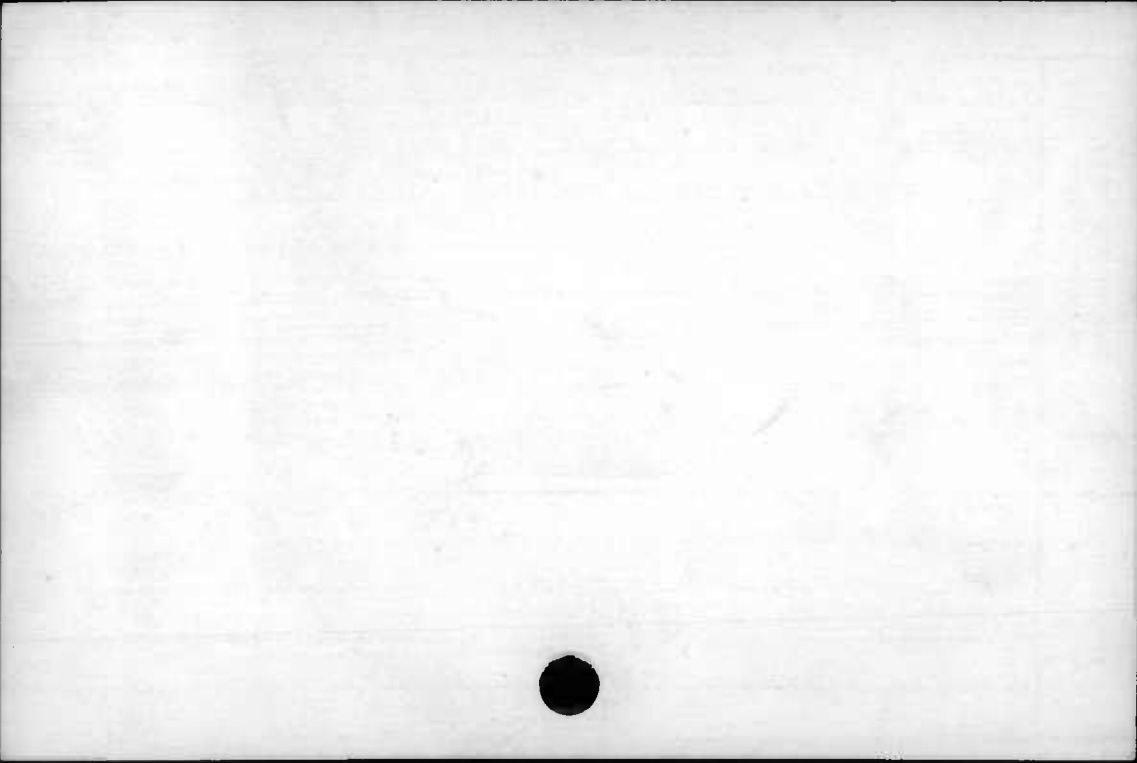
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Keagistown</i>		County <i>Wash</i>		MARYLAND	
Date of death		Month <i>5</i>	Day <i>12</i>	Age <i>70</i>	Years <i>70</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>France</i>			
Occupation <i>Teacher</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Not Known</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Mrs Scia Swartz</i>				How related to deceased <i>none</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. H. C. Pague</i>
	Address <i>Keagistown, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Walter Jenkins</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND			
Died at <i>Hagerstown</i>		Date of death <i>1905-12-19</i>		Age <i>23</i>		Months <i>4</i>		Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>					
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>Edward Jenkins</i>		Father's Birthplace <i>md</i>							
Mother's Maiden Name <i>Harriett Waters</i>		Mother's Birthplace <i>Va</i>							
Name of person giving information <i>Harriett Jenkins</i>		How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 wks.</i>
Immediate <i>Exhaustion</i>	How long <i>6 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>C. R. Scheer</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No.</i>	

Wm Spt.

Name  
in  
Full

John W. Kemmerling

## CERTIFICATE OF DEATH

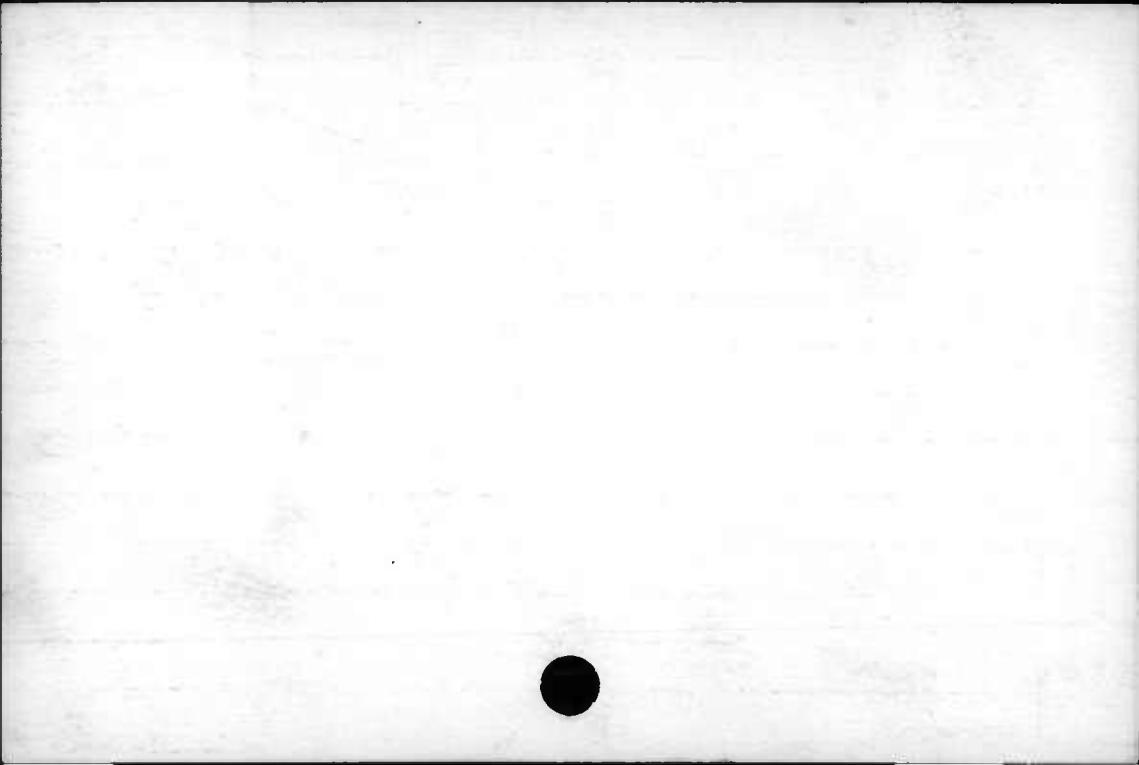
Died at *Hagerstown* TownCounty *Washington*

MARYLAND

Date of death *1904* Month *12* Day *9*Age *5* Years Months *5* Days *15*Sex *Male* Color or Race *White*Birth-place *Md*Occupation Where Residing if not at place of death Married, Single or Widowed Name of Wife or Husband Father's Name *John W. Kemmerling*Father's Birthplace *Md*Mother's Maiden Name *Naomi R. Geaford*Mother's Birthplace *Md*Name of person giving information *Robert Geaford*How related to deceased *Grandfather*

## CAUSES OF DEATH

Primary *Pneumonia*How long *24 hrs*Immediate *Heart failure*How long Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Theo. Boase*Address Accident or Suicide? TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

James, Henry, Kerr.

Died at *Clearspring*

Town

*Washington*

County

MARYLAND

Date  
of death *1905*

Month

*Dec*

Day

*23*

Years

Age *87*

Months

Days

Sex *Male*Color or  
Race*white*Birth-  
place*Chambersburg*

Occupation

*Wagon maker.*Where Residing if not  
at place of death*Clearspring*~~Married, Single~~  
or Widowed

Name of Wife

*Mary Ann Kerr*Father's  
Name*Samuel Kerr*Father's  
Birthplace*Chambersburg*Mother's  
Maiden Name*M*Mother's  
BirthplaceName of person giving  
information*Miss Nellie Kerr*How related  
to deceased*Daughter.*

## CAUSES OF DEATH

Primary

*Old age*

How long

*One year*

Immediate

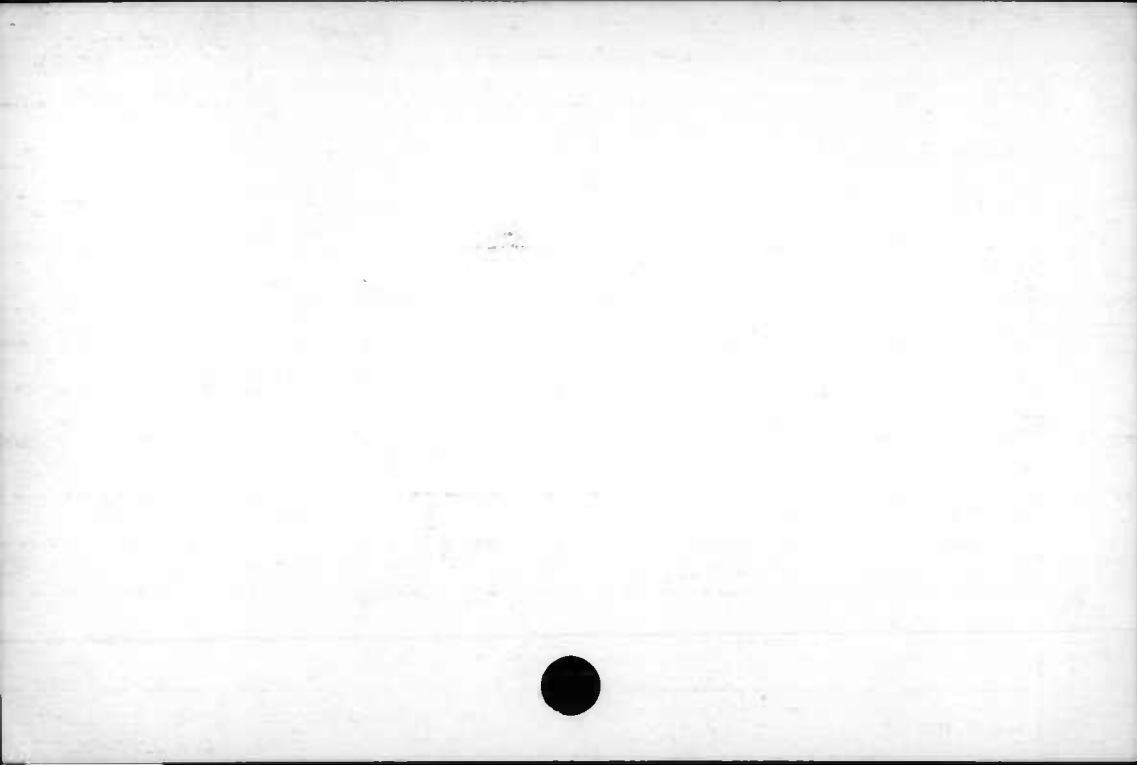
*Exhaustion*

How long

*One month*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Abraham Shank*

Address

*Clearspring  
Washington Co*~~Accident or Suicide?~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary. A Leggett

Died at *Leitersburg* <sup>Town</sup>

*Washington* <sup>County</sup>

MARYLAND

Date of death *1905 Dec.*

Day *2*

Age *89*

Months *10*

Days *3*

Sex *Female.*

Color or Race *White.*

Birth-place *Toneytown*

Occupation *Housewife.*

Where Residing if not at place of death

Married, Single or Widowed *Widow*

Name of Wife or Husband

Father's Name *Paul Haugh*

Father's Birthplace

Mother's Maiden Name *Elizabeth Wreck*

Mother's Birthplace

Name of person giving information *M. Anne Wishard.*

How related to deceased *Grand Daughter*

CAUSES OF DEATH

Primary *Infirmities of old age* *15* <sup>How long</sup> *10 days*

Immediate

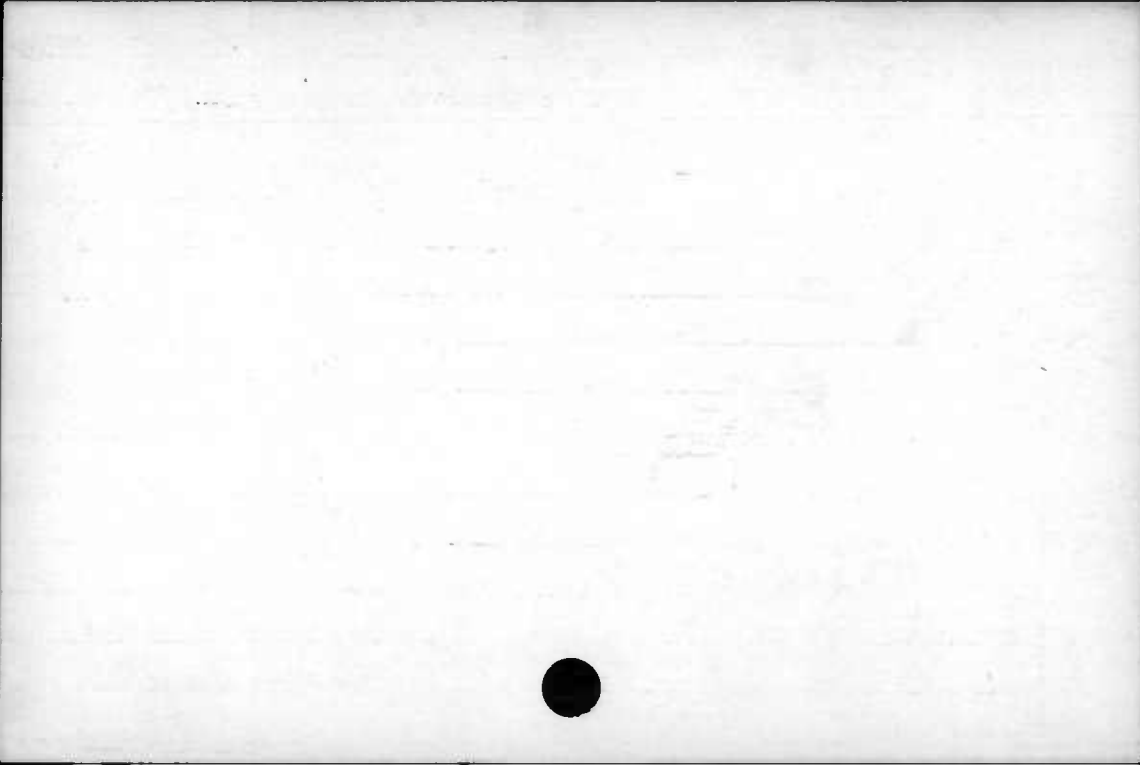
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

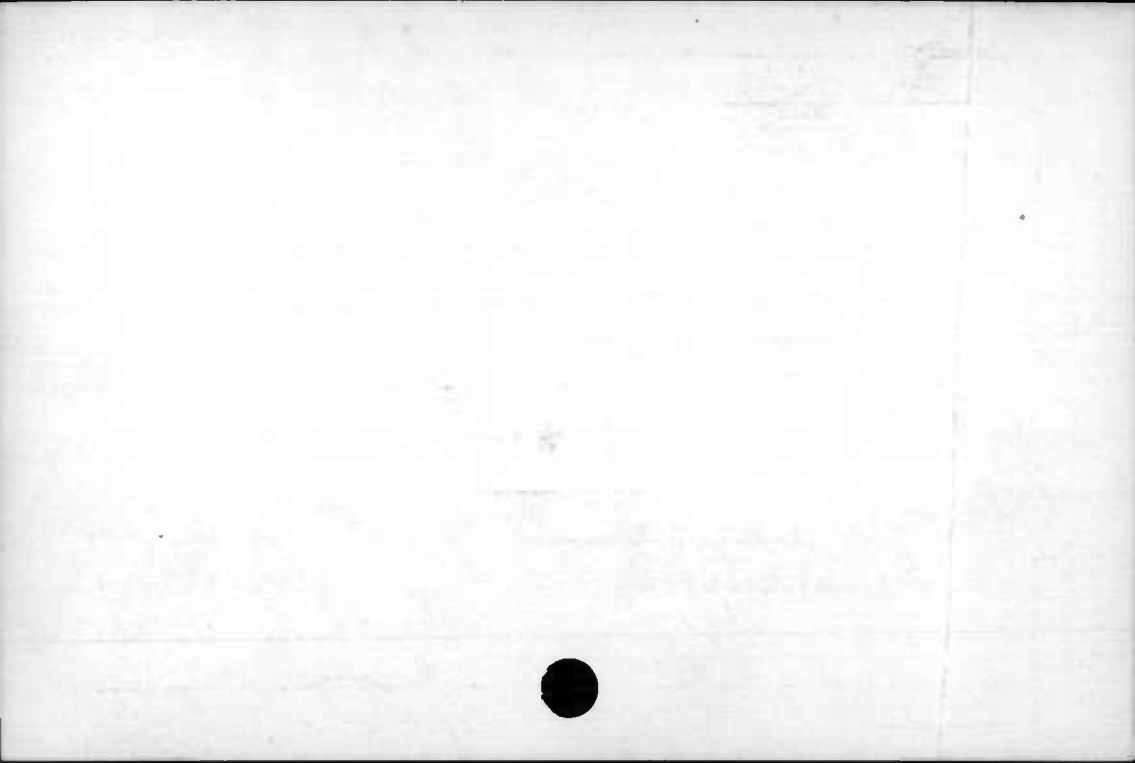
Address

*J. H. Wishard*  
*Leitersburg, Md.*

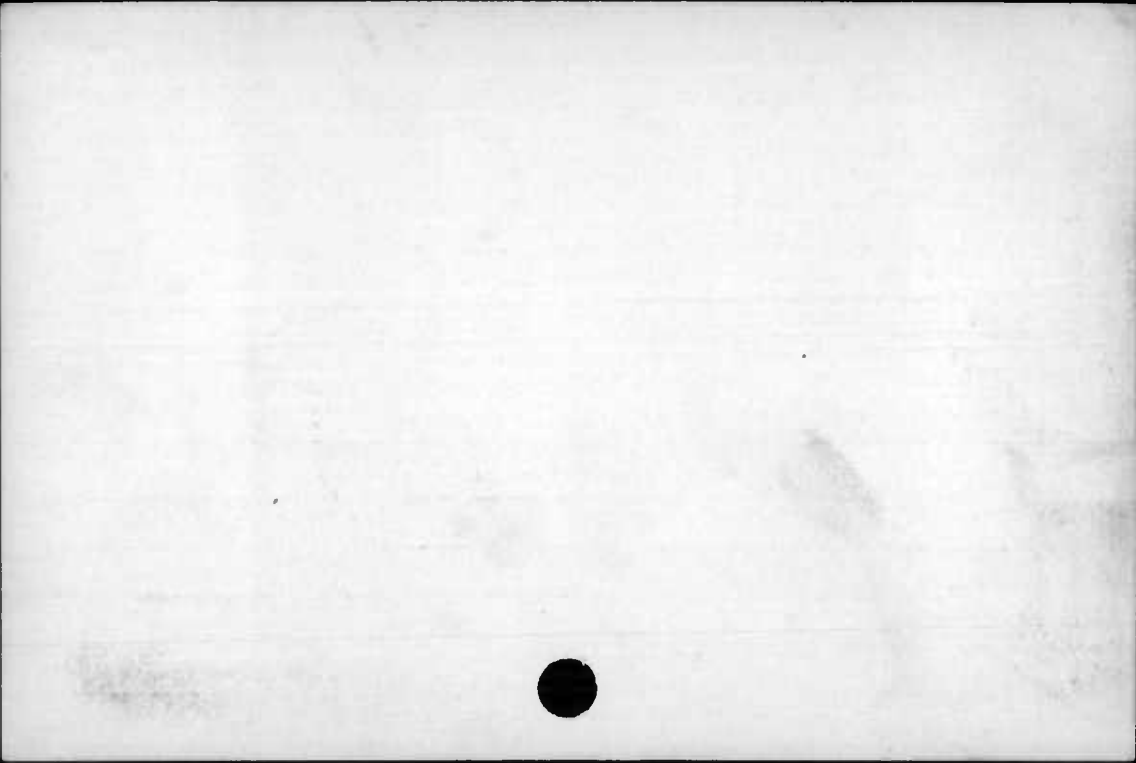
Accident or Suicide?



Name in Full		Sarah Lockbaum				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Fort Frederick		County Washington		MARYLAND			
	Date of death		1905	Month December	Day 20	Age 72	Years		Months	Days
	Sex		Female		Color or Race		White		Birth-place Indian Spring	
	Occupation		Former wife		Where Residing if not at place of death		Fort Frederick			
	Married, Single or Widowed		Widow		Name of Wife or Husband		Samuel Lockbaum			
	Father's Name		Zacariah Davis		Father's Birthplace					
	Mother's Maiden Name		Cora Heller		Mother's Birthplace					
	Name of person giving information		Lancelot Shank		How related to deceased		Brother-in-law			
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Pneumonia				How long		Nine days	
	Immediate		Exhaustion				How long		One day	
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Abraham Frank	
							Address		Clear Spring Washington Co.	
Accident or Suicide?										



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Chespring</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
	Date of death <i>1905 Dec. 6</i>		Age <i>40</i>	Months	Days	
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Italy</i>			
	Occupation <i>Laborer</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Mar</i>	Name of Wife or Husband				
	Father's Name	Father's Birthplace				
	Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information		How related to deceased				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Primative Explosion Dynamite</i>		How long <i>Instantly</i>			
	Immediate <i>"</i>		How long <i>"</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. C. Foster</i>			
	Address <i>Chespring</i>		Address <i>Chespring</i>			
Accident or Suicide?						





Name  
in  
Full

Christopher McCarley

## CERTIFICATE OF DEATH

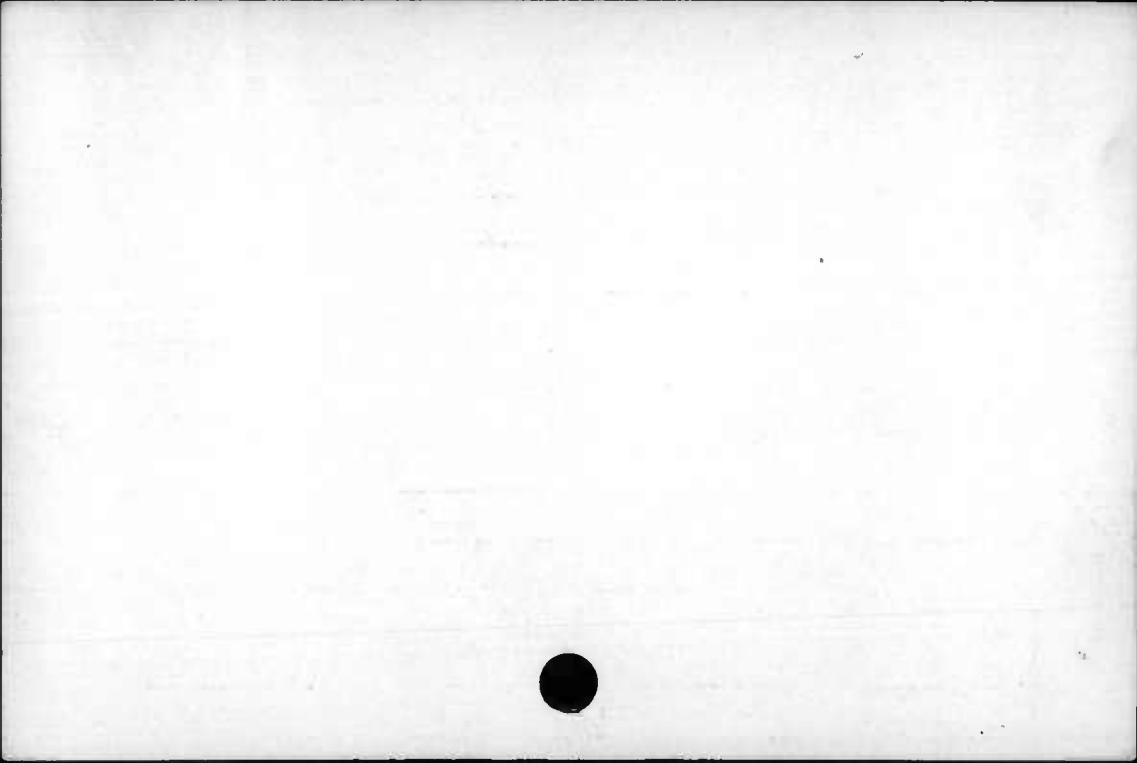
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highfield</i> Town		<i>Washington</i> County		MARYLAND					
Date of death	190 <i>5</i>	Month	<i>12</i>	Day	<i>24</i>	Age	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place			
Occupation	<i>none</i>			Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband					
Father's Name				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information				<i>Reuben McClain</i>		How related to deceased		<i>none</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>15 Years</i>
Immediate	<i>General debility &amp; old sons</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>C. L. Wachter M.D.</i>
<i>yes</i>		Address	<i>Sabillasville Md.</i>
Accident or Suicide?			



Name  
in  
Full

Mrs Ruannah Metz

## CERTIFICATE OF DEATH

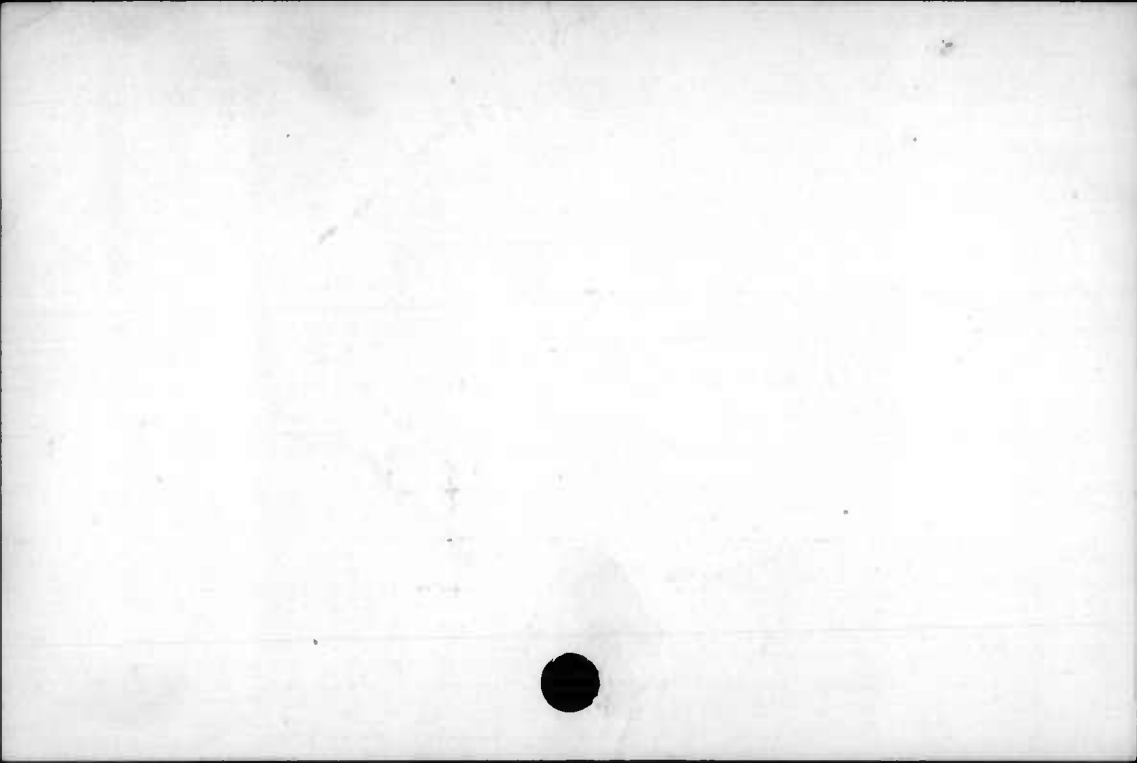
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Antietam</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1905-</i>	Month <i>12</i>	Day <i>2</i>	Age <i>85</i>	Years	Months <i>4</i>	Days <i>6</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>near Trego</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>near Trego</i>						
<del>Married, Single</del> or Widowed		Name of Wife or Husband					
Father's Name <i>Joseph Patterson</i>	Father's Birthplace <i>near Trego</i>						
Mother's Maiden Name <i>Elizabeth Lett</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Delilah Metz</i>	How related to deceased <i>Cousin</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	How long
Immediate <i>Mitral Heart Disease</i>	How long <i>10 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. Hiliser</i>
	Address <i>Keedville Md.</i>
<del>Accident or Suicide</del>	



Name  
in  
Full

## CERTIFICATE OF DEATH

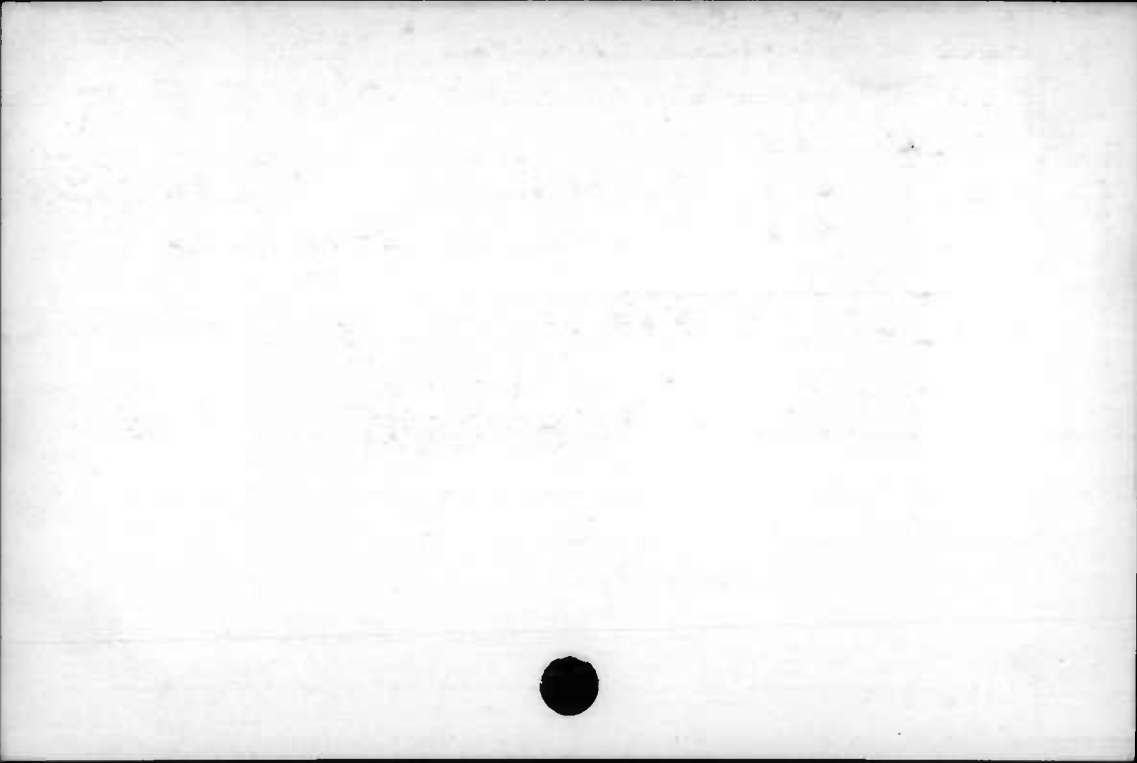
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs Nellie S. Newman</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 12 21</i>		<i>31</i>		<i>8 16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>H. W.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mrs H. Newman</i>					
Father's Name <i>Lewis Selamarter</i>		Father's Birthplace <i>Penn</i>					
Mother's Maiden Name <i>Elija Wantz</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>J. H. Newman</i>		How related to deceased <i>husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal tuberculosis</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. W. Raguee</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

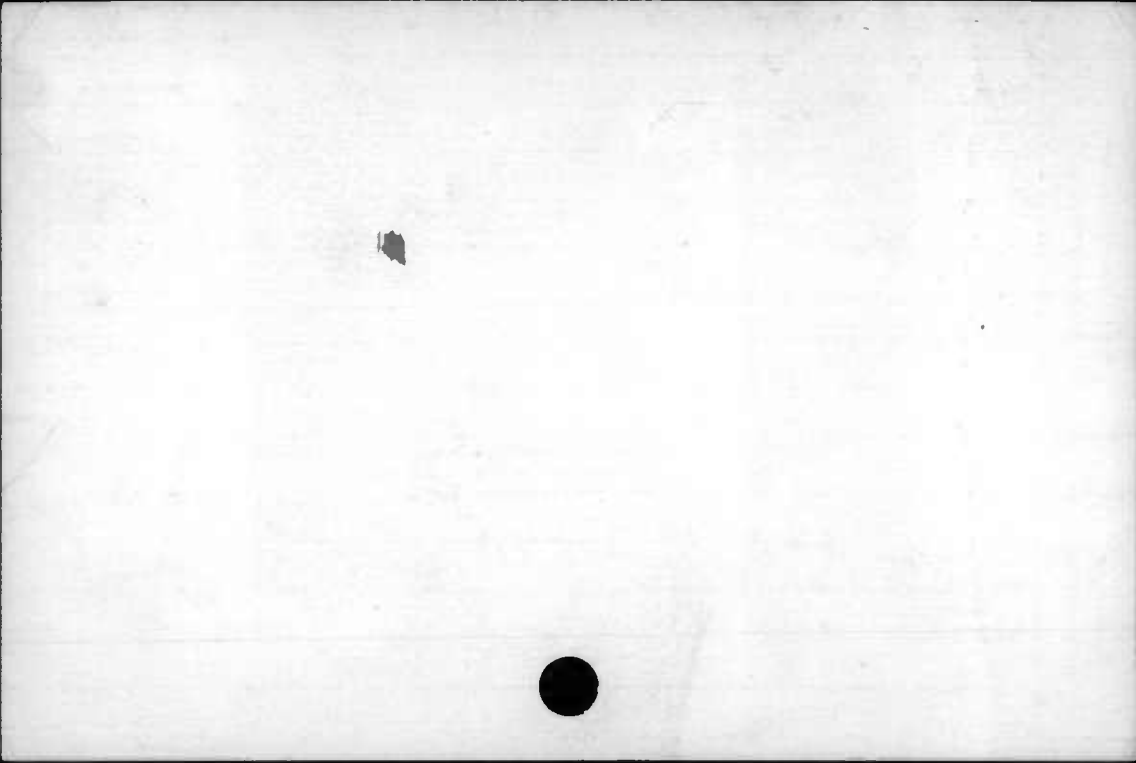
TO BE ANSWERED BY  
NEAREST FRIEND

John Petre		Fairplay		Washington		Maryland	
Died at		Town		County			
Date of death		1903	Month 12	Day 1	Age 89	Years 2	Months 24
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Retired Farmer			Where Residing if not at place of death			
Married, Single, or Widowed	Single			Name of Wife or Husband			
Father's Name	Jacob Petre			Father's Birthplace	Maryland		
Mother's Maiden Name	Catharine Line			Mother's Birthplace	Md		
Name of person giving information	Adolphus Petre			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cervical Adenitis		How long	10 days
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	V. M. Reichard
			Address	Fairplay.
Accident or Suicide?				





Name  
in  
Full

Mrs Anna Virginia Reed

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Two Locks <sup>County</sup> Washington

MARYLAND

Date of death 1905 12 1 Age 72 Months Days

Sex Female Color or Race white Birth-place Washing County.

Occupation housewife Where Residing if not at place of death Two Locks

Married, Single or Widowed Name of Wife or Husband Corbin Reed

Father's Name Robert Small Father's Birthplace

Mother's Maiden Name Charlott Markett Mother's Birthplace

Name of person giving information Harry Small, How related to deceased Nephew

## CAUSES OF DEATH

Primary Cerebral Hemorrhage

How long

Immediate Cardiac Failure

How long 4 Days

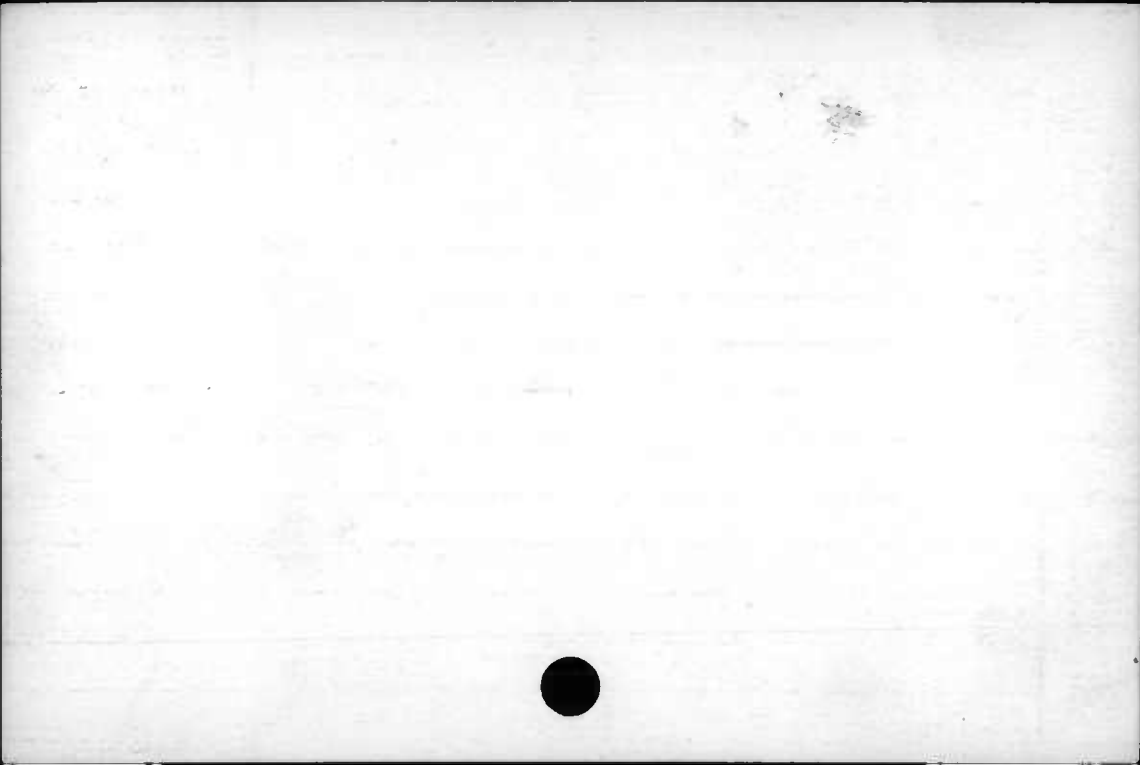
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Sarah L Reed

## CERTIFICATE OF DEATH

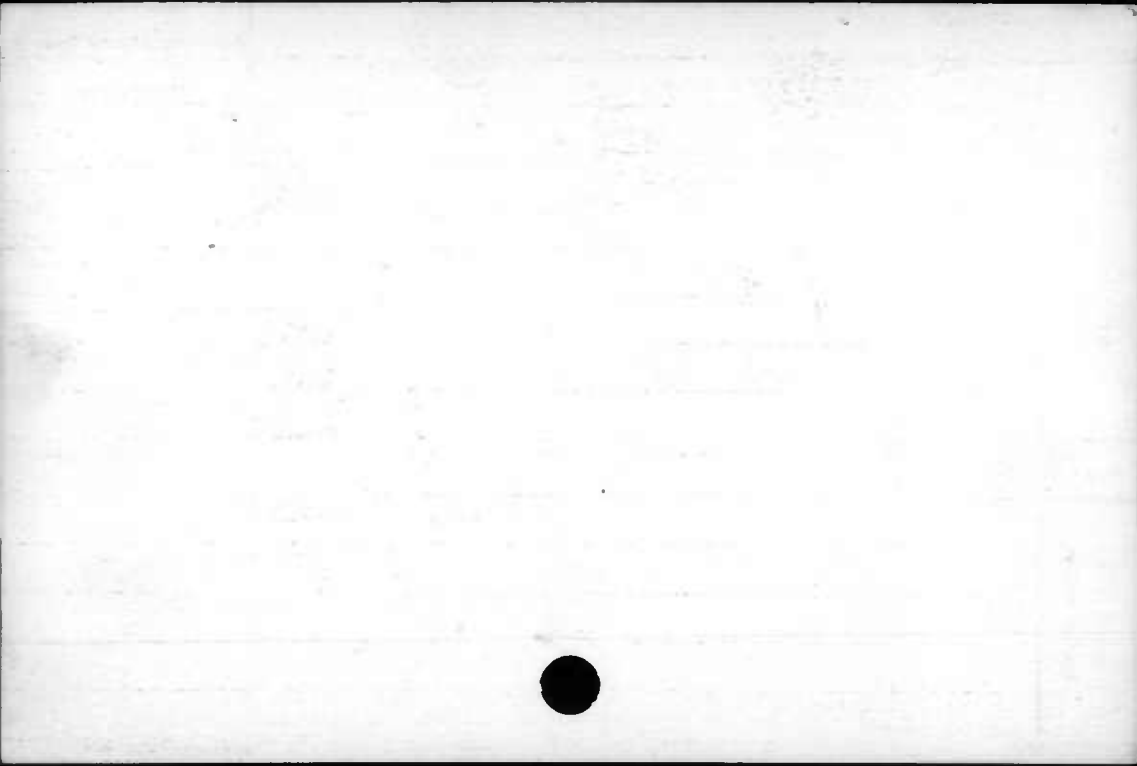
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		12	19	Age 83	8	3	
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Widow		Geo W. Reed					
Father's Name				Father's Birthplace			
don't know							
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Mrs S. F. Johnson				Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senile Debility	How long	One Year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. H. Den - M.D.	
		Address	
		Hagerstown	
		Md.	
Accident or Suicide?			



Name  
in  
Full

Charles F. Penner

## CERTIFICATE OF DEATH

Died at *Hagerstown* TownCounty *Washington*

MARYLAND

Date  
of death *1905* Month *12*Day *22*Age *7*Years *7*Months *7*

Days

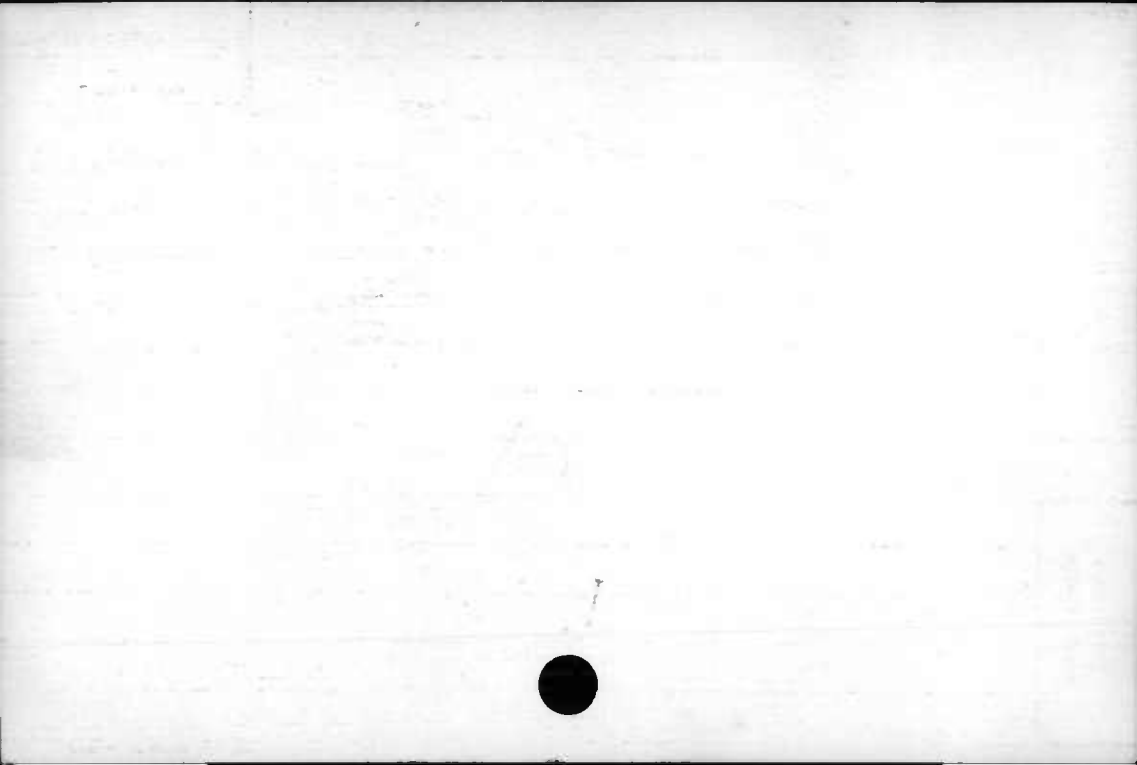
Sex *Male*Color or  
Race *White*Birth-  
place *MD*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *Thomas A. Penner*Father's  
Birthplace *MD*Mother's  
Maiden Name *Grace Beward*Mother's  
Birthplace *MD*Name of person giving  
In formation *Thomas Penner*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary *Acute Nephritis*How long *10 days*Immediate *Desire of Surgeon*How long *1 day*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *E. J. Dayman*Address *Hagerstown MD*Accident or Suicide? *No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

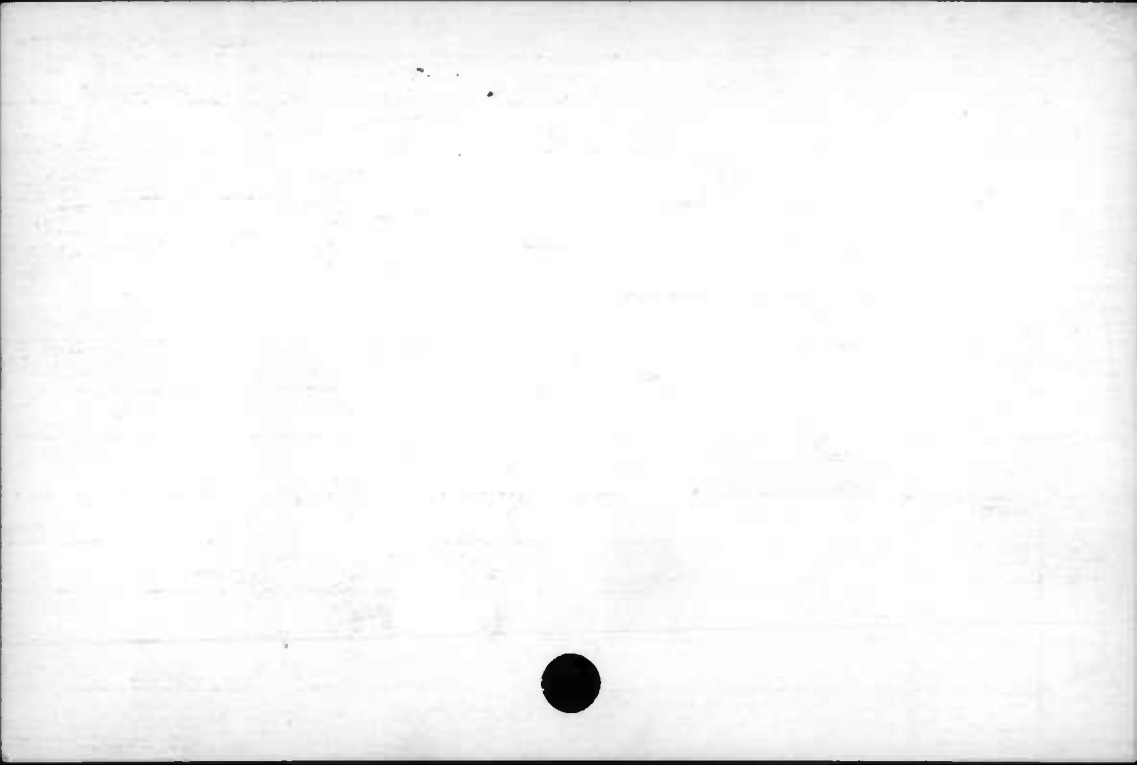
## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Smithsburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>				
Date of death	Month	Day	Age	Years	Months	Days
<i>1905</i>	<i>12</i>	<i>3</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>5</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Smithsburg</i>	
Occupation			Where Residing if not at place of death			
<i>—</i>		<i>"</i>				
Married, Single or Widowed		Name of Wife or Husband				
<i>—</i>		<i>None</i>				
Father's Name		<i>Aaron Reynolds</i>		Father's Birthplace		
				<i>Crumburg</i>		
Mother's Maiden Name		<i>Nettie Hoffman</i>		Mother's Birthplace		
				<i>Fairfield</i>		
Name of person giving information		<i>Mrs Frank Bachtel</i>		How related to deceased		
				<i>Cousin</i>		

## CAUSES OF DEATH

Primary	<i>Convulsions</i>	How long	<i>One day</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr Joe Prozman</i>	
		Address	
		<i>Smithsburg</i>	
		<i>MD</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

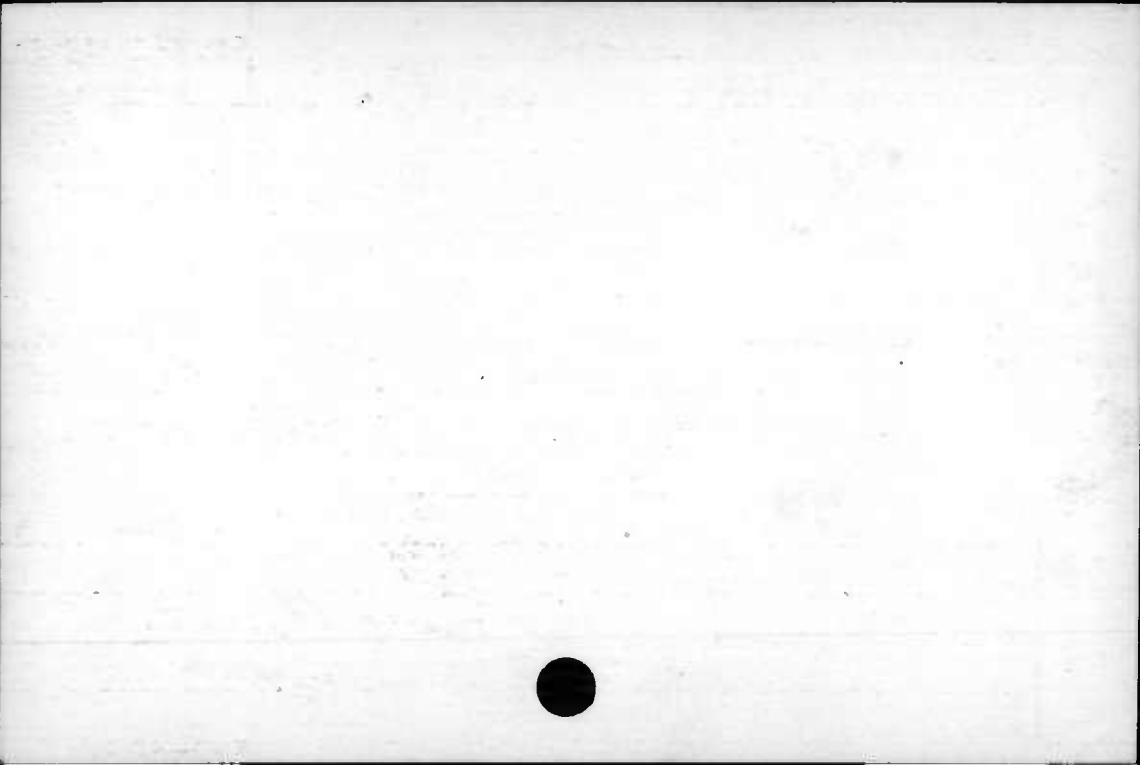
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Catherine Schriver				Town Smithsburg		County Washington		MARYLAND			
Died at		Date of death		Month Dec.		Day 17 <sup>th</sup>		Years 66		Months 9		Days 29	
Sex		Female		Color or Race		White		Birth- place		Leitersburg			
Occupation		Farmers daughter						Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband		None							
Father's Name		Henry Schriver						Father's Birthplace		Leitersburg			
Mother's Maiden Name		Barbara Sind						Mother's Birthplace		Leitersburg			
Name of person giving In formation		Alice Schriver						How related to deceased		Sister			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Paralysis		How long		36 h	
Immediate		Asphyxia		How long		-	
Are the name, age, sex, color, date and place correctly given above?				Yes			
Signature of Physician				Dr. M. D. Kefauver			
Address				Smithsburg			
				Maryland			
Accident or Suicide?				2			



Name  
in  
Full

Arthur Kirby Sherer.

276

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamsport</i> <sup>Town</sup>		<i>Wash.</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	Dec.	Day	21
Age		2		Years	6
Sex		Male		Color or Race	white American
Occupation		Child		Birth-place	Williamsport
Where Residing if not at place of death		Williamsport			
Married, Single or Widowed		-			
Name of Wife or Husband		-			
Father's Name		Norman Sherer		Father's Birthplace	Kennemille
Mother's Maiden Name		Margaret Knodle.		Mother's Birthplace	Williamsport
Name of person giving information		Margaret Sherer		How related to deceased	Mother

## CAUSES OF DEATH

Primary	<i>Angerstrain of Lungs</i>	How long	<i>one day</i>
Immediate	<i>Heart failure</i>	How long	-
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>W. S. Richardson</i>	
Address		<i>Williamsport Md</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

20 sept 1961

Name  
in  
Full

Mary B. Shuck

## CERTIFICATE OF DEATH

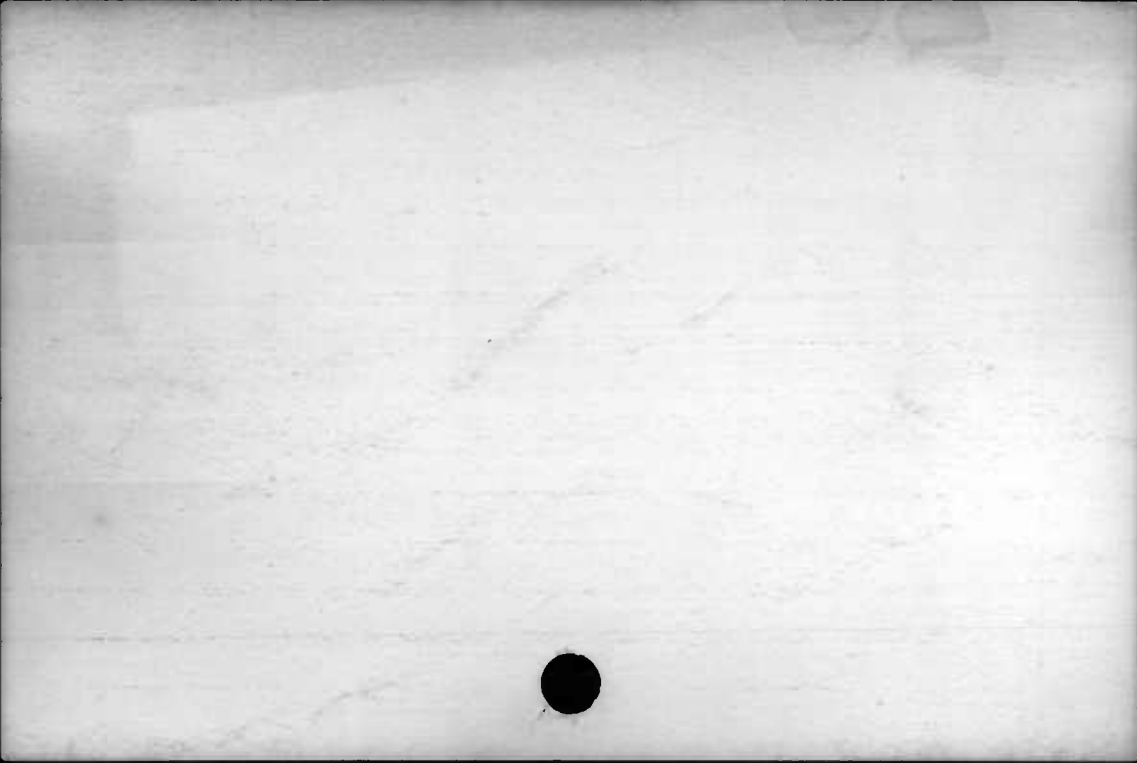
Pune  
MARYLANDDied at <sup>Town</sup> Middleburg <sup>County,</sup> FranklinDate of death 1905 <sup>Month</sup> 12 <sup>Day</sup> 7 <sup>Age</sup> 45 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> PaOccupation Housewife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Herman ShuckFather's Name Martin Burkett <sup>Father's Birthplace</sup> PaMother's Maiden Name <sup>Mother's Birthplace</sup>Name of person giving information Herman Shuck <sup>How related to deceased</sup> Husband

## CAUSES OF DEATH

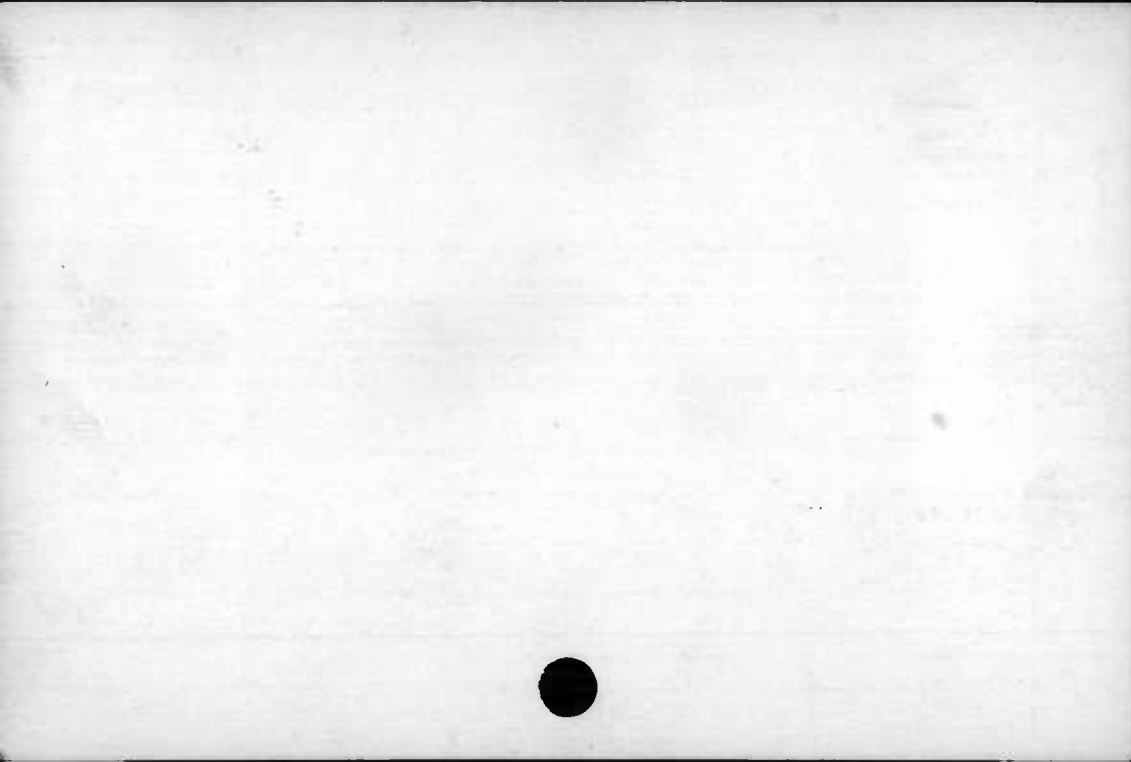
Primary Consumption <sup>How long</sup> Six MonthsImmediate <sup>How long</sup>Are the name, age, sex, color, date and place correctly given above? <sup>Signature of Physician</sup> A. R. Brewbaker<sup>Address</sup> Undertaker

Accident or Suicide? State Line Pa

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Anna Mary Shuff				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1905		12	2	Age	18	5
	Sex	Female		Color or Race	white		Birth-place
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Hiram Shuff		Father's Birthplace		md.
Mother's Maiden Name		Susan Varner		Mother's Birthplace		md.	
Name of person giving information		Hiram Shuff		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Acute Indigestion		How long		2 hours
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Whiston Miller
	Address		Hagerstown md				
Accident or Suicide?							





Name  
in  
Full

Thomas Warfield Simmons

## CERTIFICATE OF DEATH

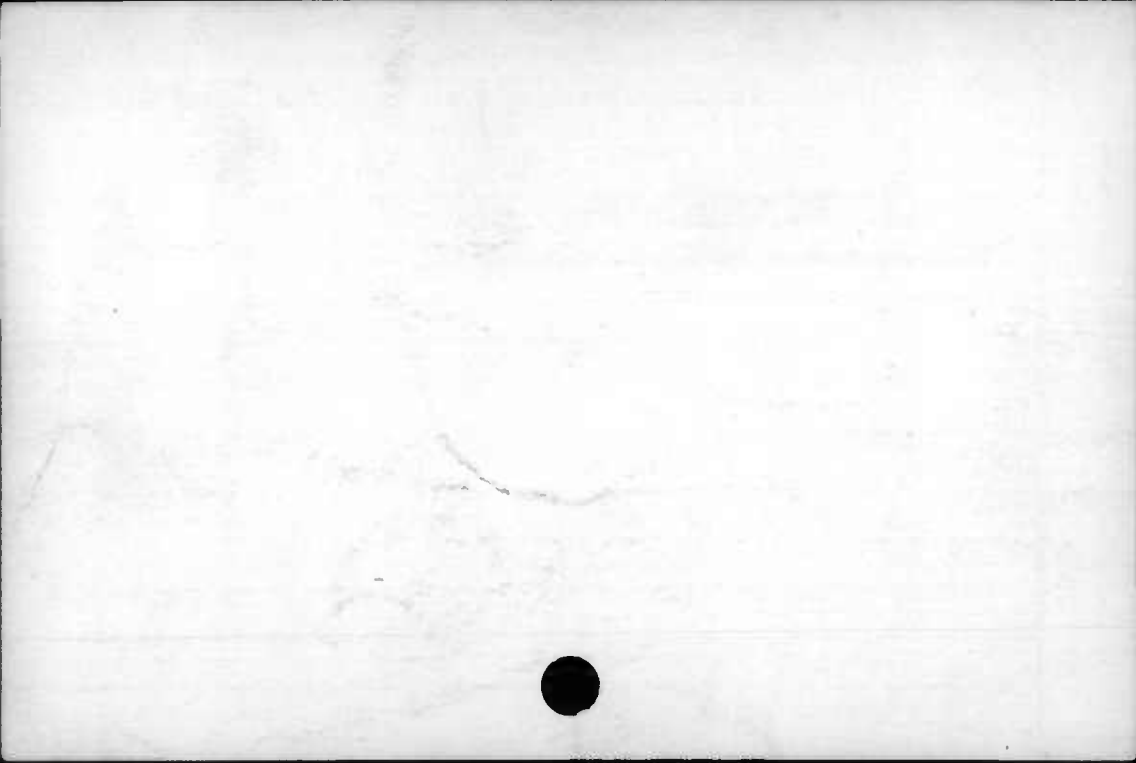
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death	1901	Month	12	Day	30	Age	69
Sex	male	Color or Race	white	Birth-place	MD.	Months	5
Occupation	Physician			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband <i>Florence Bryan Simmons</i>					
Father's Name	<i>James Simmons</i>			Father's Birthplace <i>MD</i>			
Mother's Maiden Name	<i>Sophia Simpson</i>			Mother's Birthplace <i>"</i>			
Name of person giving information	<i>Roger Simmons</i>			How related to deceased <i>son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Industrial Obstruction</i>	How long	<i>5 days</i>
Immediate	<i>Uraemia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yls.</i>	Signature of Physician	<i>W. P. Schell</i>
		Address	
Accident or Suicide?		<i>No</i>	



Name in Full

Certificate of Death

Cora Katherine Smallwood

Town

County

MARYLAND

Died at

Sandy Hook

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1905 12 31

Age

3

Sandy Hook

infant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

G. O. Smallwood

Mother's

Name

A. E. Smallwood

Cause of

Primary

Marasmus

Death

Immediate

Heart-Failure

How long sick

one day

~~Accident, Suicide, Homicide~~

Reported by

Dr B B Ranson

Address

Harpers Ferry W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 2566



Name  
in  
Full

Charlene Snyder

## CERTIFICATE OF DEATH

Died at <i>Lagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	12	Day	25
Age	4	Years	4	Months	3
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jacob Snyder			Father's Birthplace	Md
Mother's Maiden Name	Lillie Startzman			Mother's Birthplace	Md
Name of person giving information	Ray Myers			How related to deceased	none

## CAUSES OF DEATH

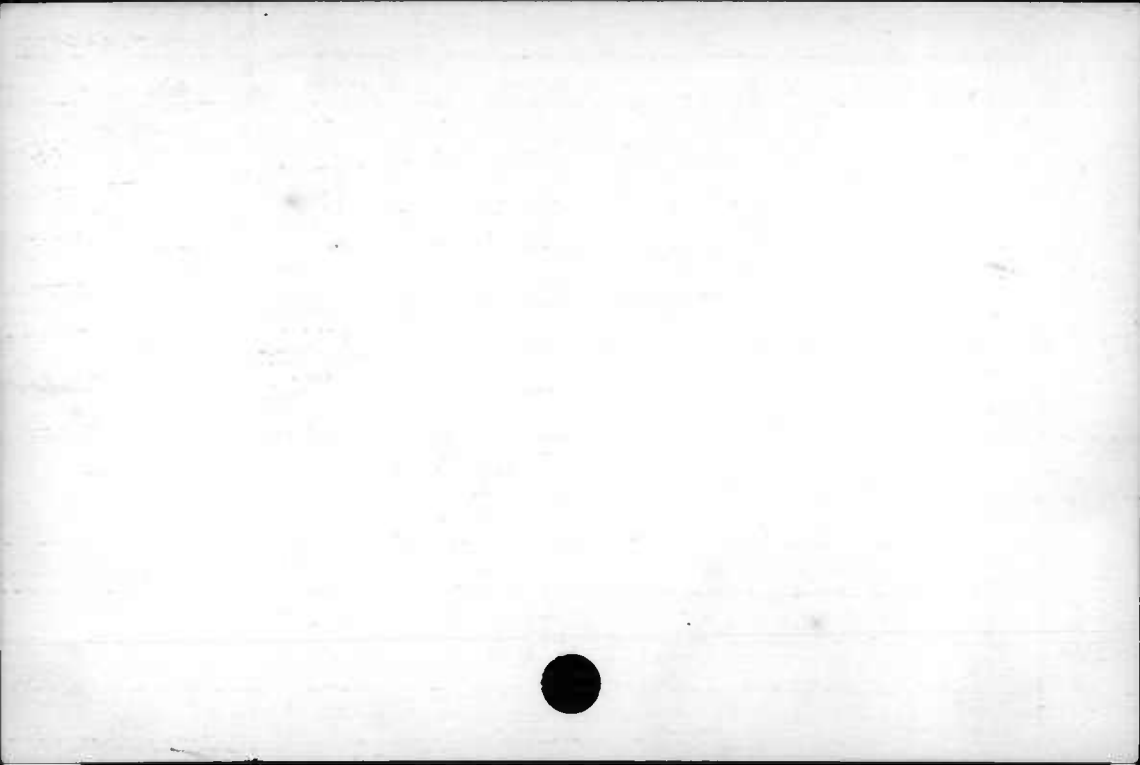
Primary	<i>Diphtheria</i>	How long	<i>Five days</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Rose Kyser Steck</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>4</i>		Years <i>3-4</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>House Work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Luther Steck</i>					
Father's Name <i>John Kyser</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Elyzabeth Wiggles</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Luther Steck</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>		How long <i>7 years</i>	
Immediate <i>Exhaustion</i>		How long <i>2 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Preston Miller</i>	
		Address <i>Hagerstown, Ind.</i>	
Accident or Suicide? <i>No</i>			

Welsh Pen



Name  
in  
Full

Mary Elizabeth Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hancock</i>		Town <i>Washington</i>		County		State <i>MARYLAND</i>	
Date of death	<i>1901</i>	Month <i>Dec.</i>	Day <i>4</i>	Age <i>72.</i>	Years	Months <i>7</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>N.Y.</i>		Where Residing if not at place of death <i>Died at home.</i>		
Occupation <i>Housewife</i>	Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John J. Thomas</i>				
Father's Name <i>Henry Johnson</i>	Father's Birthplace <i>England</i>		Mother's Maiden Name <i>Mary C. Steath</i>				
Mother's Birthplace <i>Scotland</i>		Name of person giving information <i>Russie H. Thomas</i>					
How related to deceased <i>Daughter</i>							

CAUSES OF DEATH

*Shivers*

*old age*

*154*

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

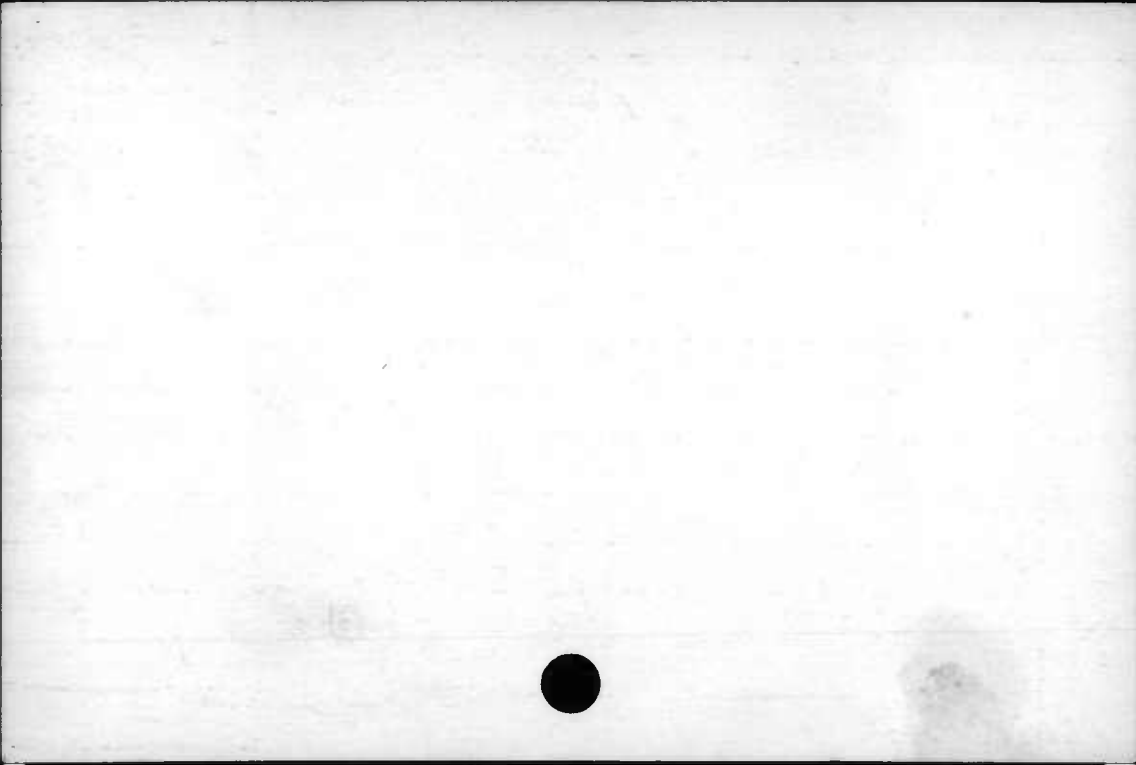
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*J. F. Higgins*  
*Hancock*  
*md.*



Name  
in  
Full

Mary Emily Thompson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown		<sup>County</sup> Washington		MARYLAND	
Date of death	1905-12	Day	29	Age	60
Sex	Female	Color or Race	Colored	Birth-place	Va
Occupation	House Wk		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	John Pollard			Father's Birthplace	Va
Mother's Maiden Name	Don't know			Mother's Birthplace	Va
Name of person giving information	Emily Proge			How related to deceased	Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intermittent Nephritis	How long	20 months
Immediate	Heart failure	How long	Half-hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	David G. Watkins
		Address	Hagerstown Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full <i>John Titlow</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>			
Died at							
Date of death <i>1906</i>		Month <i>12</i>	Day <i>23</i>	Age <i>64</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>md.</i>					
Occupation <i>Brick Mason</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Malinda Titlow</i>					
Father's Name <i>John Titlow</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Anna Moxley</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Bessie Titlow</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>10 yrs.</i>
Immediate <i>Smility. Exhaustion</i>	How long <i>1 yr.</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

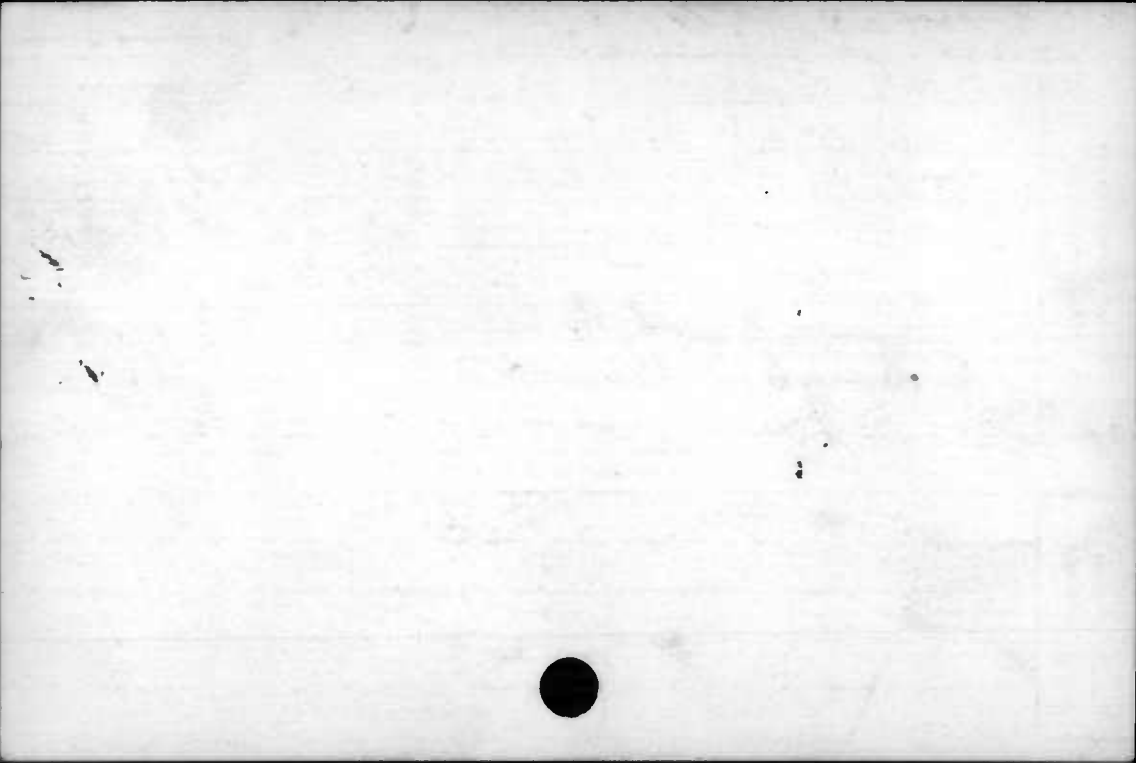
*M. M. Morrison*

Address

*Hagerstown md*

Accident or Suicide?

*No*



Name  
in  
Full

Sarah Truvinger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Middleburg</i>		<sup>County</sup> <i>Franklin</i>		<i>Pa</i> <b>MARYLAND</b>	
Date of death	Month	Day	Years	Months	Days
<i>1904</i>	<i>12</i>	<i>29</i>	<i>72</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Daniel Truvinger</i>			
Father's Name <i>Peter Kummel</i>		Father's Birthplace <i>don't know</i>			
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace			
Name of person giving information <i>Frank Truvinger</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
<i>Pneumonia</i>	<i>4 Days</i>
Immediate	How long
<i>Yes</i>	<i>4 Days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of <del>Physician</del> <i>A. R. Brewbaker</i>
	Address <i>undertaker</i>
	<i>Middleburg Pa</i>
Accident or Suicide?	

Madebury.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Farmers</i>		Town <i>Wasington</i>		County <i>Wasington</i>		MARYLAND							
Date of death <i>1905 Dec 14</i>		Month <i>Dec</i>		Day <i>14</i>		Age <i>88</i>		Years <i>1</i>		Months <i>23</i>		Days <i>23</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Waynesboro Pa</i>									
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Farmers Md</i>											
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Shepherd</i>											
Father's Name <i>Jacob Mushara</i>		Father's Birthplace <i>Waynesboro</i>											
Mother's Maiden Name <i>Rachel Myers</i>		Mother's Birthplace <i>Brooklyn Pa</i>											
Name of person giving information <i>John Mushara</i>		How related to deceased <i>None</i>											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>		How long <i>—</i>	
Immediate <i>Complication of Fracture</i>		How long <i>6 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. C. R. McElle, M.D.</i>	
Buried at <i>Farmers</i>		Address <i>Mason &amp; Deyou</i>	
Accident or Suicide? <i>—</i>			

D. Maccagnan Under taken